


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90040 015 ****61.25

DOCUMENT # N94000003769					
1. Entity Name LEHIGH SENIOR HIGH MUSIC PARENTS ASSOCIATION INC.					
Principal Place of Business 901 GUNNERY ROAD LEHIGH ACRES, FL 33971			Mailing Address 1 PARKWOOD VILLAS CT LEHIGH ACRES, FL 33936		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0510520	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, JACKIE 1 PARKWOOD VILLAS CT LEHIGH ACRES, FL 33936			Name <u>Lawrence, Lor.</u> Street Address (P.O. Box Number is Not Acceptable) <u>18320 Beauty Berry Court</u> City <u>Lehigh Acres</u> FL Zip Code <u>33972</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE <u>Lor. Lawrence</u>		Signature, typed or printed name of registered agent and title if applicable.		Lor. Lawrence, Treasurer 3-20-08 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DITTMAR, DEBORAH A		NAME	Brais, Walter	
STREET ADDRESS	4305 13TH ST W		STREET ADDRESS	3736 Callman Street	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP	Fort Myers FL 33905	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, KAREN		NAME		
STREET ADDRESS	406 8TH ST W		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JACKIE		NAME	Lawrence, Lor.	
STREET ADDRESS	1 PARKWOOD VILLAS CT		STREET ADDRESS	18320 Beauty Berry Court	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP	Lehigh Acres FL 33972	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARALES, JAY		NAME		
STREET ADDRESS	901 GUNNERY ROAD		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JESSICA		NAME		
STREET ADDRESS	3002 E 13TH ST		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Hanifen, Caroline	
STREET ADDRESS			STREET ADDRESS	1317 Belair Street E	
CITY-ST-ZIP			CITY-ST-ZIP	Lehigh Acres FL 33974	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <u>Lor. Lawrence</u>		Signature, typed or printed name of signing officer or director		Lor. Lawrence, Treasurer 3/20/08 (239) 898-3581 Date Paying Phone #	