

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 26, 2008 8:00 am
Secretary of State

06-26-2008 90001 010 ****70.00



DOCUMENT # N97000002034 1. Entity Name LAKE MCBRIDE AREA RESIDENTS ASSOCIATION, INC.							
Principal Place of Business JACK CONRAD 6500 OLD MILLSTONE PLANTATION ROAD TALLAHASSEE FL 32312		Mailing Address JACK CONRAD 6500 OLD MILLSTONE PLANTATION ROAD TALLAHASSEE FL 32312					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		2nd MOORE CR2E037 (4/08)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number	Applied For		
				NO-T APPLICABLE	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				
MAROIS, JIM 7738 MCCLURE DRIVE TALLAHASSEE FL 32312			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW: FEE IS \$61.25 Due By September 3, 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOWERS, LEANNE		NAME	<i>Jack Conrad</i>			
STREET ADDRESS	1533 MISSION ROAD APT EE6		STREET ADDRESS	<i>6500 Old Millstone</i>			
CITY-ST-ZIP	TALLAHASSEE FL 32304		CITY-ST-ZIP	<i>Tallahassee, FL 32312</i>			
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAROIS, JIM		NAME				
STREET ADDRESS	7738 MCCLURE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP				
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GANDY, JAY		NAME				
STREET ADDRESS	7730 MCCLURE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP				
TITLE	SEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DANELLO, BEVERLY		NAME				
STREET ADDRESS	7770 MCCLURE DR.		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP				
TITLE	BD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SASS, BEATE		NAME				
STREET ADDRESS	7762 MCCLURE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP				
TITLE	BD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODFELLOW, LAURA		NAME				
STREET ADDRESS	6008 THOMASVILLE ROAD		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP				

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: *[Signature]* *UFD* *6/23/08* *850-488-2777*