2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000004986

L Entity Name

LAKE RICHMOND ESTATES NEIGHBORHOOD ASSOCIATION, INC.

FILED
Jan 30, 2006 08:00 AM
Secretary of State

Principal Place of Business

2938 GRANDOLA DRIVE ORLANDO, FL 32811 Mailing Address

2938 GRANDOLA DRIVE ORLANDO, FL 32811-5568



DO NOT WRITE IN THIS SPACE

01172006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-3474473

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Add	iress of	Current R	egistered	Agent

WALKER, CHARLIE E P 2938 GRANDOLA DR. ORLANDO, FL 32811-5568

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when relinitating) DATE											
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finan Trust Fund Contribution.	cing 🖂	\$5.00 May Be Added to Fees	1100000407023 02/07/06-80115-012 61.25						
10.	OFFICERS AND DIREC	CTORS	Γ.								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, CHARLIE B 2938 GRANDOLA DR. ORLANDO, FL 328115568										
TITLE HAME STREET ADDRESS CITY-ST-ZIP	V ALEXANDER, CESER 3037 GRANDOLA DR ORLANDO, FL 32811										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM CARLTON, MARY 4699 VARGAS ST. ORLANDO, FL 32811		DO NOT WRITE								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOHNSON, MARY 4687 VARGAS ST ORLANDO, FL 32811		IN THIS SPACE								
TITLE NAME STREET ADORESS CITY-ST-ZIP	TR WALKER, CORRINE 2938 GRANDOLA DR ORLANDO, FL 32811										
TITLE NAME STREET ADDRESS 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 cath; that I am an officer or director of the corporation or the receiver of truetee 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.											