

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47391 (0)
1. Corporation Name
LAKE PARK PARENT TEACHER ORGANIZATION, INC.



Principal Place of Business % DANA HARRISON 675 YUCCA ROAD NAPLES FL 33940- US		Mailing Address % DANA HARRISON 675 YUCCA ROAD NAPLES FL 33940- US		3. Date Incorporated or Qualified 02/18/1992	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34102		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34102		4. FEI Number 65-0324048 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HARRISON, DANA L. 675 YUCCA ROAD NAPLES FL 33940		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FABACHER, LISETTE 832 S 21ST CT NAPLES FL	1.1 TITLE	PD Mary Reeve 49 Sixth St. N. Naples, FL 34102
NAME	VD OLSEN, CATHY 530 N 13TH ST NAPLES FL	1.2 NAME	UP Linda Abbot 1306 28th Ave. N. Naples FL 34102
STREET ADDRESS	T MASTERS, STACY 690 BOUGAINVILLEA NAPLES FL 33940	1.3 STREET ADDRESS	TD Jody Bailey 2560 Royal Palm Ct. Naples, FL 34103
CITY-ST-ZIP	VD WALLER, JUDY 1212 9TH AVE N NAPLES FL	1.4 CITY-ST-ZIP	SD Michelle Riegerink 247 Sixth St. N. Naples FL 34102
TITLE	S SHROCK, DENISE 1220 N 10TH AVE NAPLES FL	2.1 TITLE	S Jim Jones 689 Fifth Ave. N. Naples, FL 34102
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 1/20/98

CR2E037 (10/97)