

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N32284** (4)  
1. Corporation Name  
**LAKEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**PO BOX 37331 TALLAHASSEE FL 32315**

3. Date Incorporated or Qualified

**05/12/1989**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNERR, RICHARD  
5638 LUNKER LN  
TALLAHASSEE FL 32303**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-2-98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **VPD WILLIAMS, SUSAN**  
STREET ADDRESS **4408 WIDGEN WAY**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE  
NAME **T GREEN, MAX**  
STREET ADDRESS **5624 MAPLE FOREST DR.**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ DELETE  
NAME **SD SWARTZ, PAT**  
STREET ADDRESS **5636 MOSSY TOP WAY**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE  
NAME **PD KNERR, RICHARD**  
STREET ADDRESS **5638 LUNKER LN**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **SD Faye Rionx**  
3.3 STREET ADDRESS **5722 Mossy Top Way**  
3.4 CITY-ST-ZIP **Tallahassee, FL 32303**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*[Signature]*

**3-2-98**

**562-2137**

CR2E037 (10/97)