2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004
Secretary of State

DOCUMENT# N47391

Entity Name: LAKE PARK PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

1295 14TH AVENUE N.
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1295 14TH AVENUE N.
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0324048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, MICHELLE
435 SPRINGLINE DRIVE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COOK, LISA
Address: 1328 11 STREET
City-St-Zip: NAPLES, FL 34102 US

Title: V ( ) Delete
Name: MYERS, JANET
Address: 1896 55 TH SW
City-St-Zip: NAPLES, FL 34102 US

Title: TD ( ) Delete
Name: ARNOLD, MICHELLE
Address: 435 SPRINGLINE DRIVE
City-St-Zip: NAPLES, FL 34102 US

Title: SD ( ) Delete
Name: SALDANA, KAREN
Address: 1296 14TH AVE. N.
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STAMM, TANYA
Address: 1480 OSPREY AVENUE
City-St-Zip: NAPLES, FL 34102 US

Title: V (X) Change ( ) Addition
Name: VYVERBERG, PAULA
Address: 2066 SNOOK DRIVE
City-St-Zip: NAPLES, FL 34102 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: KAMP, MICHELE
Address: 1800 SANDPIPER STREET
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE ARNOLD TD 02/03/2004

Electronic Signature of Signing Officer or Director — Date