2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004
Secretary of State

DOCUMENT# N97000002034

Entity Name: LAKE MCBRIDE AREA RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PHILIP SPEAKE
6240 OLD WATER OAK RD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

C/O PHILIP SPEAKE
6240 OLD WATER OAK RD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOWERS, LEANNE
7754 MCCLURE DRIVE
TALLAHASSEE, FL 32312 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: SPEAKE, PHILIP
Address: 6240 OLD WATER OAK RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD ( ) Delete
Name: JOWERS, LEANNE
Address: 7754 MCCLURE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: BD ( ) Delete
Name: CONRAD, JACK
Address: 6500 OLD MILLSTONE PL. RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete
Name: GANDY, LAFE
Address: 7730 MCCLURE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: BD ( ) Delete
Name: BREEZE, FRED
Address: 6937 MCBRIDE PT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: PHIL SPEAKE PD 02/10/2004
Electronic Signature of Signing Officer or Director — Date