

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002034

FILED
Apr 06, 2006
Secretary of State

Entity Name: LAKE MCBRIDE AREA RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

C/O LEANNE JOWERS
7754 MCCLURE DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

JACK CONRAD
6500 OLD MILLSTONE PLANTATION ROAD
TALLAHASSEE, FL 32312

Current Mailing Address:

C/O LEANNE JOWERS
7754 MCCLURE DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

JACK CONRAD
6500 OLD MILLSTONE PLANTATION ROAD
TALLAHASSEE, FL 32312

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

Name and Address of Current Registered Agent:

MAROIS, JIM
7738 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: JOWERS, LEANNE
Address: 7754 MCCLURE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD () Delete
Name: MAROIS, JIM
Address: 7738 MCCLURE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: TR () Delete
Name: GANDY, JAY
Address: 7730 MCCLURE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: SEC () Delete
Name: DANELLO, BEVERLY
Address: 7770 MCCLURE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: BD () Delete
Name: SASS, BEATE
Address: 7762 MCCLURE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: BD () Delete
Name: GOODFELLOW, LAURA
Address: 6008 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOWERS, LEANNE
Address: 1533 MISSION ROAD APT EE6
City-St-Zip: TALLAHASSEE, FL 32304

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 Chapter 119, 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: LEANNE JOWERS

PD

04/06/2006

Electronic Signature of Signing Officer or Director

Date