2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State **DOCUMENT # N32284** 01-31-2007 90037 015 ****61.25 LAKÉWOOD AREA NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 180745 PO BOX 180745 TALLAHASSEE, FL 32318-0007 TALLAHASSEE, FL 32318-0007 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. (عجلاسروا Suite, Apt. #, etc. 01232007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3220414 Applied For City & State City & State Not Applicable Zip Country ZiΩ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Roberts Jack MALLEY, SALLY S Street Address (P.O. Box Number is Not Acceptable) 6357 BEMBADIL DR TALLAHASSEE, FL 32303 Split Oak Lane Lallahazzee 8. 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. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete TITLE President Change ■ Addition MALLOY, SALLY, NAME NAME Juck Robertz STREET ADDRESS 6257 BOMBADIL DR 5756 SMIT WOLL Lane STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP Tallahazare FL 32303 VΡ Delete Jice-President TITLE ☑ Change TITE F ☐ Addition JERKIAR, ALLAN NAME NAME **5799 CYPRESS CIR** Hucklebelly Lave STREET ADDRESS STREET ADDRESS CITY-ST-7IF TALLAHASSEE, FL 32303 CITY-ST-7IP 1-1. Delete Oana Walak 6330 Bombadil Or TITLE Addition TITLE NAME LUSTER-HARVEY, YVONNE NAME STREET ADDRESS 4530 HICKORYU FOREST CIR STREET ADDRESS Collahassee FL 32303 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32303 TITLE ☐ Delete TITLE ☐ Change Addition EBERHARLT, DAVID NAME NAME STREET ADDRESS 5794 SPLIT OAK STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change WATSON, JUNE NAME NAME Meduin Stern STREET ADDRESS 6297 BAMBADIL DR STREET ADDRESS 714 Jodphur Court CITY-ST-ZIP TALLAHASSEE, FL 32303 CiTY-ST-ZIP TITLE Delete TITLE ☐ Addition **OUIMETTE, BONNIE** NAME NAME 5756 CYPRESS CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TÄLLAHASSEE, FL 32303 CITY-ST-7P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Jack L. Roberts, Jr. 1/23107

FILED

Jan 31, 2007 8:00 am