

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003830

**Entity Name:** LAKELAND HOUSING AUTHORITY RESIDENT ADVISORY  
ASSOCIATION OF THE HOUSING AUTHORITY OF THE CITY OF LAKELAND,  
FL, INC.

**FILED**  
**Apr 12, 2013**  
**Secretary of State**  
**CC5135794663**

**Current Principal Place of Business:**

1500 N. NEW YORK AVENUE  
LAKELAND, FL 33805

**Current Mailing Address:**

1500 N. NEW YORK AVENUE  
LAKELAND, FL 33805

**FEI Number: 59-3650798**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HAYNES, EARL  
430 S. HARTSELL AVE  
LAKELAND, FL 33815 US

*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

**Officer/Director Detail :**

Title PD  
Name BROWN, LILLIE M  
Address 1500 N. NEW YORK AVENUE  
City-State-Zip: LAKELAND FL 33805

Title S  
Name LOPEZ, JENNY  
Address 1500 N. NEW YORK AVENUE  
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR  
Name MCGEE, NITA  
Address 1500 N. NEW YORK AVENUE  
City-State-Zip: LAKELAND FL 33805

Title SAA  
Name CALIXTE, PIERRE  
Address 1500 N. NEW YORK AVENUE  
City-State-Zip: LAKELAND FL 33805

Title VP  
Name DUNCAN, PATRICIA  
Address 1500 N. NEW YORK AVENUE  
City-State-Zip: LAKELAND FL 33805

I hereby 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 all other like empowered.

**SIGNATURE: LILLIE BROWN**

**PD**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date