2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # 629002** 1. Entity Name LANAIR PARK IMPROVEMENT ASSOCIATION, INC. 04-02-2001 90085 011 ***150.00 Principal Place of Business Mailing Address 2454 HENRIETTA COURT 2454 HENRIETTA COURT LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0164609 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .atherine Woolf JOHN S. DORAN Street Address (P.O. Box Number is Not Acceptable) 2487 SUN-UP LANE Henrietta LANTANA FL 33462 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE CARLSON, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 2377 CRAWFORD CT CITY-ST-ZIP CITY-ST-ZIP LANTANA FL Change ☐ Addition ☐ Delete TITLE TITLE WOOLF, JOSEPH W. NAME NAME STREET ADDRESS 2454 HENRIETTA COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL TITLE ☐ Addition TÎTLE Delete NAME CHANNELL, KEITH NAME STREET ADDRESS 2449 DONNA COURT STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP LANTANA FL ☐ Change ☐ Addition Defete TITLE TITLE MICHAEL, LEE NAME NAME 6235 BOYD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: