

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90344 042 ****61.25

DOCUMENT # 734346

1. Entity Name
**LAKE MARY COMMUNITY IMPROVEMENT
ASSOCIATION, INC.**



Principal Place of Business
**260 N. COUNTRY CLUB RD
PO BOX 950622
LAKE MARY, FL 32795-0622 US**

Mailing Address
**260 N. COUNTRY CLUB RD
PO BOX 950622
LAKE MARY, FL 32795-0622 US**

60028859



04012006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1639544

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROYAL, JACALYN J
276 ALMYRA DRIVE
LAKE MARY, FL 32746**

Name **Dunaway, Alma**

Street Address (P.O. Box Number is Not Acceptable)

154 N. Lake Street

City **Lake Mary**

FL Zip Code **32746**

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.

SIGNATURE *Alma Dunaway* **Alma Dunaway, TD**

4-21-2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GRACEY, DOLORES A
STREET ADDRESS 457 GEHR LANE
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME ROYAL, JACALYN J
STREET ADDRESS 276 ALMYRA DRIVE
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Change ☒ Addition
NAME Dunaway, Alma
STREET ADDRESS 154 N. Lake Street
CITY-ST-ZIP Lake Mary, FL. 32746

TITLE SD ☐ Delete
NAME ROTERSKY, GAYLE
STREET ADDRESS 131 MAYFOUR CT.
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME GRIFFIN, LILLIAN
STREET ADDRESS PO BOX 950508
CITY-ST-ZIP LAKE MARY, FL 32795

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE *Lillian Griffin* **Lillian Griffin**

4-21-2006

407 322-2154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #