

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734346

FILED  
Jan 12, 2007  
Secretary of State

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

**Current Principal Place of Business:**

260 N. COUNTRY CLUB RD  
PO BOX 950622  
LAKE MARY, FL 327950622 US

**New Principal Place of Business:**

260 N. COUNTRY CLUB RD  
LAKE MARY, FL 327950622 US

**Current Mailing Address:**

260 N. COUNTRY CLUB RD  
PO BOX 950622  
LAKE MARY, FL 327950622 US

**New Mailing Address:**

PO BOX 950622  
LAKE MARY, FL 327950622 US

**FEI Number:** 59-1639544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNAWAY, ALMA  
154 NORTH LAKE ST  
LAKE MARY, FL 32746 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: GRACEY, DOLORES A  
Address: 457 GEHR LANE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: TD ( ) Delete  
Name: DUNAWAY, ALMA  
Address: 154 NORTH LAKE ST  
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete  
Name: ROTERSKY, GAYLE  
Address: 131 MAYFOUR CT.  
City-St-Zip: LAKE MARY, FL 32746

Title: VPD ( ) Delete  
Name: GRIFFIN, LILLIAN  
Address: PO BOX 950508  
City-St-Zip: LAKE MARY, FL 32795

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ALMA DUNAWAY

SD

01/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date