


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 734346 1. Entity Name LAKE MARY COMMUNITY IMPROVEMENT ASSOCIATION, INC.	
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Principal Place of Business 260 N. COUNTRY CLUB RD LAKE MARY, FL 32795-0622 US	Mailing Address PO BOX 950622 LAKE MARY, FL 32795-0622 US
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DO NOT WRITE IN THIS SPACE



02262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1639544	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUNAWAY, ALMA
154 NORTH LAKE ST
LAKE MARY, FL 32746**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRACEY, DOLORES A 457 GEHR LANE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNAWAY, ALMA 154 NORTH LAKE ST LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTORSKY, GAYLE 131 MAYFOUR CT. LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRIFFIN, LILLIAN PO BOX 950508 LAKE MARY, FL 32795
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/08-80032-019 61.25

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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: Alma Dunaway **27 February 2008** 407-322-7617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #