


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 734840	
1. Entity Name LAKE HOWELL HIGH SCHOOL BAND PARENTS ASSOCIATION, INC.	

Principal Place of Business 4200 DIKE ROAD WINTER PARK, FL 32792 US	Mailing Address P.O. BOX 598 GOLDENROD, FL 32733-0598 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7421333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCOTT, JODY
5504 ALBERT DRIVE
WINTER PARK, FL 32792**

DO NOT WRITE IN THIS SPACE

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: Jody Scott, President LHBPA DATE: 2/10/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, JODY 5504 ALBERT DRIVE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARINI, BONNIE 2877 ALOMA LAKE RUN OVIDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOWNS, LISA 3152 WATER EDGE POINT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HYSON, JEFF 2898 OAK BLUFF WAY OVIDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000636347
02/26/07-80013-007 61.25

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: Jody Scott DATE: 2/10/07 DAYTIME PHONE #: (407) 435-4144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR