

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90052 036 \*\*\*\*61.25

<b>DOCUMENT # 754042</b> 1. Entity Name LAKE CITY AIRPARK LOT OWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1902 LAKE CITY, FL 32025 US			Mailing Address P.O. BOX 1902 LAKE CITY, FL 32025 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2140837	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARRELL, MICHAEL H. 420 W BAYA AVE LAKE CITY, FL 32055				Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reappointing)	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GJOEN, BEVERLY		NAME		
STREET ADDRESS	580 SW AVIATION DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKINNER, MARLOW		NAME		
STREET ADDRESS	154 SW AVIATION DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEROY, JOAN		NAME		
STREET ADDRESS	448 SW AVIATION DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GJOEN, RALPH		NAME		
STREET ADDRESS	580 SW AVIATION DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DURHAM, BARBARA		NAME		
STREET ADDRESS	493 SW AVIATION DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARNEVALE, IRENE O.		NAME	Dan Dannecker	
STREET ADDRESS	569 SW CIRrus DRIVE		STREET ADDRESS	6054 SW 52nd Terrace	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	Palm City, FL 32025	
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:			Date: 3/19/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 386.719.3955		