

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758854

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** LAKE REGION OPTOMETRIC ASSOCIATION, INC.

**Current Principal Place of Business:**

215 SOUTH GOODMAN AVE  
LAKE ALFRED, FL 33850 US

**New Principal Place of Business:**

210 US 27 NORTH  
AVON PARK, FL 33825 US

**Current Mailing Address:**

215 SOUTH GOODMAN AVE  
LAKE ALFRED, FL 33850 US

**New Mailing Address:**

210 US 27 NORTH  
AVON PARK, FL 33825 US

**FEI Number:** 59-2219314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAUDWAY, SONYA  
215 SOUTH GOODMAN AVE  
LAKE ALFRED, FL 33850 US

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

SEVIGNY, RONALD  
210 US 27 NORTH  
AVON PARK, FL 33825 US

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:** RON SEVIGNY

01/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SEVIGNY, RONALD  
**Address:** 210 US 27 NORTH  
**City-St-Zip:** AVON PARK, FL 33825 US

**Title:** D  
**Name:** CORKINS, WILLIAM  
**Address:** 5068 JULIANA RESERVE DR  
**City-St-Zip:** AUBURNDALE, FL 33823 US

**Title:** TD  
**Name:** ANDERSON, ANGELA  
**Address:** 215 FIRST STREET NORTH #100  
**City-St-Zip:** WINTER HAVEN, FL 33881

**Title:** D  
**Name:** BRAUDWAY, SONYA  
**Address:** 215 GOODMAN AVE  
**City-St-Zip:** LAKE ALFRED, FL 33850 US

**Title:** D  
**Name:** PARRISH, GREG  
**Address:** 215 FIRST STREET NORTH #100  
**City-St-Zip:** WINTER HAVEN, FL 33881

**Title:** D  
**Name:** HENNE, KEVIN  
**Address:** 410 EAST CENTRAL AVE  
**City-St-Zip:** WINTER HAVEN, FL 33881

I hereby 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 all other like empowered.

**SIGNATURE:** SONYA BRAUDWAY

D

01/26/2011

Electronic Signature of Signing Officer or Director

Date