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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **760907** **(6)**

1. Corporation Name

LAKEWOOD PARK/BEL-AIRE CITIZEN'S OBSERVATION PAT ROL (C.O.P.) INC.

Principal Place of Business	Mailing Address
7605 OCALA AVE FT PIERCE FL 34951 US	7605 OCALA AVE FT PIERCE FL 34951 US

3. Date Incorporated or Qualified: 12/04/1981

4. FEI Number: 59-2358728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~SHAW, DIANE E~~
~~199 LIBERTY WAY~~
~~FT PIERCE FL 34951~~

10. Name and Address of New Registered Agent

81 Name: WILLIAM T STONE
82 Street Address (P.O. Box Number is Not Acceptable): 6504 FT PIERCE BLVD
83
84 City: FORT PIERCE FL 85 Zip Code: 34951

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: William T Stone — 4/8/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPTD SAUCIER, IVAN 7605 OCALA AVE FT PIERCE FL 34951	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	LT ROGER STOKES 7705 FT WALTON Ave Ft. Pierce, FL. 34951-1426	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LTD SHAW, DIANE E 199 LIBERTY WAY FT PIERCE, FL 00000	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	LT-TRES WILLIAM STONE 6504 FT PIERCE BLVD FORT PIERCE FL 34951	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LTSD HILTON, JENNY 6903 KENWOOD TD FT. PIERCE FL 34951	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	LT-SEC KARIN McMULLEN 6600 Penny Lane Ft Pierce FL 34951	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LTVP HUNTER, HAROLD 4806 KAKEWOOD PARK DR FT. PIERCE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LTVP DEVRIES, DAVE EMERSON AVE FT PIERCE FL 34951	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William T Stone LT-TRES — 4/8/98