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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **760907**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/04/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2358728 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STONE, WILLIAM T
6504 FT PIERCE BLVD
FT PIERCE FL 34951

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SAUCIER, IVAN		1.2 NAME	
STREET ADDRESS	7605 OCALA AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34951		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STOKES, ROGER		2.2 NAME	
STREET ADDRESS	7705 FT WALTON AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000 34951		2. 4 CITY-ST-ZIP	
TITLE	TT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STONE, WILLIAM		3.2 NAME	
STREET ADDRESS	6504 FT PIERCE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34951		3.4. CITY-ST-ZIP	
TITLE	TS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCMULLEN, KARIN		4. 2 NAME	
STREET ADDRESS	6600 PENNY LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34951		4.4 CITY-ST-ZIP	
TITLE	LTVP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DEVRIES, DAVE		5.2 NAME	
STREET ADDRESS	EMERSON AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34951		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: William T Stone SIGNATURE REQUIRED 1/11/99 561-460-9122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #