

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760907

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** LAKEWOOD PARK/BEL-AIRE CITIZEN'S OBSERVATION PATROL (C.O.P.) INC.

**Current Principal Place of Business:**

199 LIBERTY WAY  
FORT PIERCE, FL 34951 US

**New Principal Place of Business:**

**Current Mailing Address:**

199 LIBERTY WAY  
FORT PIERCE, FL 34951 US

**New Mailing Address:**

**FEI Number:** 59-2358728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIANE SHAW  
199 LIBERTY WAY  
FORT PIERCE, FL 34951 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CLAUDE BURKE  
Address: 6805 DONLON ROAD  
City-St-Zip: FORT PIERCE, FL 34951

Title: SD  
Name: VIGNUOLO, DOROTHY J  
Address: 6805 DONLON ROAD  
City-St-Zip: FORT PIERCE, FL 32951

Title: T  
Name: SHAW, DIANE  
Address: 199 LIBERTY WAY  
City-St-Zip: FORT PIERCE, FL 34951

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: DIANE E. SHAW

TREA

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date