

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90068 036 \*\*\*\*61.25

**DOCUMENT # 762636**

1. Entity Name

LAKEWOOD IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business

651 VILLAGE DR  
APT 806  
POMPANO BEACH FL 33060  
US

Mailing Address

651 VILLAGE DR  
APT 806  
POMPANO BEACH FL 33060  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, JEAN S MRS.  
~~1901 N. OCEAN BLVD.~~  
~~#S-12D~~  
FORT LAUDERDALE FL 33305

Name

Thomas Jean S Mrs

Street Address (P.O. Box Numbers Not Acceptable)

651 Village DR.

Apt 806

City

Pompano Beach

FL

Zip Code

33060

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:

SIGNATURE

*Jean S. Thomas*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BATTEN, DAVID  
STREET ADDRESS 206 SOUTH LAKEWOOD DR  
CITY-STATE-ZIP STARKE FL 32091

TITLE S ☐ Delete  
NAME WHITEHEAD, GAIL  
STREET ADDRESS 14412 PELICAN BAY ST  
CITY-STATE-ZIP JACKSONVILLE FL 32224

TITLE D ☐ Delete  
NAME WHITEHEAD, ROBERT M  
STREET ADDRESS 14412 PELICAN BAY ST  
CITY-STATE-ZIP JACKSONVILLE FL 32224

TITLE P ☐ Delete  
NAME JOHNS, MARGARET D  
STREET ADDRESS 207 S. LAKEWOOD DR.  
CITY-STATE-ZIP STARKE FL 32091

TITLE D ☐ Delete  
NAME BROWN, DOUG  
STREET ADDRESS 409 W LAKESHORE DR  
CITY-STATE-ZIP STARKE FL 32091

TITLE T ☐ Delete  
NAME THOMAS, JEAN S T  
STREET ADDRESS ~~1901 N. OCEAN BLVD., #S-12D~~  
CITY-STATE-ZIP ~~FORT LAUDERDALE FL 33305~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME Treasurer  
STREET ADDRESS Thomas, Jean S.  
CITY-STATE-ZIP 651 Village Drive #806  
Pompano Beach, FL 33060

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jean S. Thomas* JEAN S THOMAS, Treasurer

4/11/07 954-545-9559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #