

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90002 033 ****61.25

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05092008 Chg-NP CR2E037 (12/06)

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		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. 651 VILLAGE DR APT 806 POMPANO BEACH, FL 33060				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				<div style="display: flex; justify-content: space-between;"> <div>SIGNATURE _____</div> <div>DATE _____</div> </div> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BATTEN, DAVID	NAME	ALLEN, WILLIAM		
STREET ADDRESS	206 SOUTH LAKEWOOD DR	STREET ADDRESS	202 S. LAKEWOOD Drive		
CITY-ST-ZIP	STARKE, FL 32091	CITY-ST-ZIP	Starke, FL 32091		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITEHEAD, GAIL	NAME			
STREET ADDRESS	14412 PELICAN BAY ST	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITEHEAD, ROBERT M	NAME			
STREET ADDRESS	14412 PELICAN BAY ST	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNS, MARGARET D	NAME			
STREET ADDRESS	207 S. LAKEWOOD DR.	STREET ADDRESS			
CITY-ST-ZIP	STARKE, FL 32091	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, DOUG	NAME			
STREET ADDRESS	409 W LAKESHORE DR	STREET ADDRESS			
CITY-ST-ZIP	STARKE, FL 32091	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, JEAN S T	NAME			
STREET ADDRESS	651 VILLAGE DRIVE #806	STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Jean S. Thomas</i>		6-12-08		954-545-9559	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	