2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90034 046 ****61.25

DOCUMENT #770118

1. Entity Name
LAKE BROWARD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
US 17 & MAIN STREET	U S 17 & MAIN STREET
PO BOX 304	PO BOX 304
POMONA PARK FL 32181 US	POMONA PARK FL 32181 US
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

6UUG7JUJ

03222005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2468676

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZEKARIA ELIZABETH
204 PERRY STREET
P O BOX 435
POMONA PARK FL 32181

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and date as applicable. (REQUIRED: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to

10. OFFICERS AND DIRECTORS

TITLE	CMD	☐ Delete	
NAME	ROWE, PHILLIP		
STREET ADDRESS	P.O. Box 745		
CITY ST ZIP	Pomona Park, FL 32181		
TITLE	CMD	☒ Delete	
NAME	~~MOORE, LAMAR~~		
STREET ADDRESS	~~P.O. BOX 777~~		
CITY ST ZIP	~~POMONA PARK, FL 32181~~		
TITLE	CMD	☒ Delete	
NAME	~~ANDERSON, EDWARD~~		
STREET ADDRESS	~~PO BOX 853 T16 LAKE EDGE TRAIL~~		
CITY ST ZIP	POMONA PARK, FL 32181		
TITLE	CMD	☐ Delete	
NAME	GARCIA MARY		
STREET ADDRESS	P.O. BOX 630		
CITY ST ZIP	POMONA PARK, FL 32181		
TITLE	T	☐ Delete	
NAME	DECHAINE, PRISCILLA		
STREET ADDRESS	P O BOX 568		
CITY ST ZIP	WELAKA FL 32193		
TITLE	S	☒ Delete	
NAME	~~[illegible], STACEY~~		
STREET ADDRESS	~~P.O. BOX 1148 [illegible] ROAD~~		
CITY ST ZIP	~~POMONA PARK, FL~~		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE	CMD	☒ Change	☐ Addition
NAME	Wendy Jones		
STREET ADDRESS	125 DeChainechawa		
CITY ST ZIP	Pomona Park, FL 32181 CMD		
TITLE	CMD	☒ Change	☐ Addition
NAME	Jack Garrett		
STREET ADDRESS	P.O. Box 730		
CITY ST ZIP	Pomona Park, FL 32181 CMD		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE	S	☒ Change	☐ Addition
NAME	Rose Mary Kalapp		
STREET ADDRESS	P.O. Box 148		
CITY ST ZIP	Pomona Park, FL 32181 S		

12. 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 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 with an address, with all other like empowered.

SIGNATURE: Priscilla DeChaine Apr. 4, 2005 (386) 467-3779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Priscilla DeChaine