


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90181 014 ****61.25

DOCUMENT # 770118 1. Entity Name LAKE BROWARD ASSOCIATION, INC.					
Principal Place of Business US 17 & MAIN STREET PO BOX 294 POMONA PARK, FL 32181 US			Mailing Address U. S. 17 & MAIN STREET PO BOX 294 POMONA PARK, FL 32181 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2468676				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, MARY L 200 PERRY ST P. O. BOX 630 POMONA PARK, FL 32181			7. Name and Address of New Registered Agent 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.			SIGNATURE _____ <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 May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	CMD ROWE, PHILLIP P.O. BOX 745 POMONA PARK, FL 32181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMD JONES, WENDY 125 DECHAIRE LN POMONA PARK, FL 32181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMD GARRETT, JACK P.O. BOX 730 POMONA PARK, FL 32181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMD GARCIA, MARY L P.O. BOX 630 POMONA PARK, FL 32181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMD Andes, John 252 Lake St., Pomona Park 32181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DECHAINE, PRISCILLA P O BOX 568 WELAKA, FL 32193		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALAPP, ROSE M P.O. BOX 148 POMONA PARK, FL 32181		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Garcia, Mary L P.O. Box 630, Pomona Park 32181	
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: <u>Priscilla DeChaine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-24-07 (386) 467-3779 <small>Date Daytime Phone #</small>		

Priscilla DeChaine