

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90020 038 ****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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2468676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, MARY L
200 PERRY ST
P. O. BOX 630
POMONA PARK FL 32181

Name

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

City

FL

Zip Code

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

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, 2008

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CMD
ROWE, PHILLIP
P.O. BOX 745
POMONA PARK FL 32181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CMD
JONES, WENDY
125 DECHAIRE LN
POMONA PARK FL 32181 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CMD
GARRETT, JACK
P.O. BOX 730
POMONA PARK FL 32181 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CMD
ANDES, JOHN
252 LAKE ST
POMONA PARK FL 32181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DECHAI, PRISCILLA
P O BOX 568
WELAKA FL 32193 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GARCIA, MARY L
PO BOX 630
POMONA PARK FL 32181 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CMD
June Pinkham
P.O. Box 807
Pomona Park, FL 32181 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Rose Mary Kalapp
P.O. Box 148
Pomona Park, FL 32181 ☐ Change ☒ Addition

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

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

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

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: *Priscilla DeChaine* 3-31-08 (386) 467-3779