

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000932

FILED  
Jan 19, 2004  
Secretary of State

**Entity Name:** LAKE HUNTER TERRACE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

715 CORNELIA AVE.  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 3311  
LAKELAND, FL 33802

**New Mailing Address:**

**FEI Number:** 58-2491646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALMER, DEANE  
1127 OAK HILL ST.  
LAKELAND, FL 33805 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PO ( ) Delete  
Name: LAND, RODGER  
Address: 1048 W. RUBY STREET  
City-St-Zip: LAKELAND, FL 33815

Title: 1VPT ( ) Delete  
Name: DEANE, PALMER  
Address: 1127 OAK HILL STREET  
City-St-Zip: LAKELAND, FL 33815

Title: 2VPT ( ) Delete  
Name: CROFT, CAROLYN  
Address: 920 OAK HILL ST  
City-St-Zip: LAKELAND, FL 33815

Title: ST ( ) Delete  
Name: SMITH, SUE  
Address: 717 SIKES BLVD  
City-St-Zip: LAKELAND, FL 33815

Title: TT ( ) Delete  
Name: MAXINE, MCNIELLY  
Address: 919 CORNEILLA  
City-St-Zip: LAKELAND, FL 33815

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE SMITH

ST

01/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date