

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90151 024 ****70.00

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1. Entity Name
LAKEWOOD RANCH COMMUNITY ACTIVITIES, INC.



Principal Place of Business
**8175 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202**

Mailing Address
**8175 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202**

50009003



02152006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1060278

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNSICKER, SUSAN
8175 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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	DP O'LEARY, DON 8175 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRIFFITHS, LYN 8175 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FANARA, JACKIE 8175 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AMODIO, JERREE 8175 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ADAMSON, PAUL 8175 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan M. Hunsicker 3/13/07 941-907-0202

Date

Daytime Phone #