

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000001951

1. Entity Name
LAKESHORE AREA PRESERVATION SOCIETY, INC.



Principal Place of Business
**4611 PINWOOD RD.
JACKSONVILLE, FL 32210**

Mailing Address
**4611 PINWOOD RD.
JACKSONVILLE, FL 32210**



02112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0472551

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BATHURST, CARLA A
4611 PINWOOD RD.
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000837222
03/04/08-80048-005 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BATHURST, CARLA A
STREET ADDRESS 4611 PINWOOD RD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VPD
NAME PATERNO, JEREMY
STREET ADDRESS 4724 BLACKBURN ST.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE SD
NAME WOODDED, ALISSA
STREET ADDRESS 2352 BAYVIEW RD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE TD
NAME PITZER, NORMA
STREET ADDRESS 4614 BLACKBURN RD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Carla A. Bathurst **Carla A. Bathurst**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08

Date

(904) 504-7996

Daytime Phone #