

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90002 034 ****61.25

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DOCUMENT # N02903

1. Corporation Name

LAKES IN REGENCY PARK SECURITY PATROL, INC.

382009 - 90002 - 34

Principal Place of Business

8330 CIVIC DRIVE
PORT RICHEY FL 34668

Mailing Address

8330 CIVIC DRIVE
PORT RICHEY FL 34668



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/07/1984

4. FEI Number

59-2241302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MARKS, MARTIN
8330 CIVIC DRIVE
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
MARKS, MARTIN
9028 DERBY LANE
PORT RICHEY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
MATHIS, ALVIN
9841 GROFTON LANE
PORT RICHEY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
BENNETT, RAYMOND
8550 SHADOWBLOW CT. 6
PORT RICHEY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
WUERTH, FRED
9241 WOLCOTT LANE
PORT RICHEY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
GALLAGHER, JAMES F
8606 PAXTON DRIVE
PORT RICHEY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DU
NUZZI, LOUIS
8630 PAXTON DRIVE
PORT RICHEY FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin Marks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/99 912-818-0016

CR2E037 (11/98)