

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

~~1999~~ 2001



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

DOCUMENT # **N02903**

1. Corporation Name

LAKES IN REGENCY PARK SECURITY PATROL, INC.

Principal Place of Business

8330 CIVIC DRIVE
PORT RICHEY FL 34668

Mailing Address

8330 CIVIC DRIVE
PORT RICHEY FL 34668

FILED

01 JUL 30 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/07/1984	
2 City & State		27 City & State		4. FEI Number New Number	
3 Zip		28 Zip		59-2241302 65-1058869	
Country		Country		Applied For	
25		29		Not Applicable	
4		30		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

MARK3, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, MARTIN	1.2 NAME	Bea Livote
STREET ADDRESS	9028 DERBY LANE	1.3 STREET ADDRESS	9100 Dresden Ln
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	Port Richey FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHIS, ALVIN	2.2 NAME	Mary Kitching
STREET ADDRESS	9841 GROFTON LANE	2.3 STREET ADDRESS	9307 Barrington Ln
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	Port Richey FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, RAYMOND	3.2 NAME	John Laboda
STREET ADDRESS	8550 SHADOWBLOW CT. 6	3.3 STREET ADDRESS	8206 Medford Dr
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	Port Richey FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	Port Richey FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUERTH, FRED	4.2 NAME	000004533900--9
STREET ADDRESS	9241 WOLCOTT LANE	4.3 STREET ADDRESS	-08/14/01--01048--020
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, JAMES F	5.2 NAME	Nancy Harris
STREET ADDRESS	8606 PAXTON DRIVE	5.3 STREET ADDRESS	9105 Richwood Ln
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	Port Richey FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	73
NAME	NUZZI, LOUIS	6.2 NAME	
STREET ADDRESS	8630 PAXTON DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	6.4 CITY-ST-ZIP	

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.

Martin Marks

7/20/01 727-863-00166