


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90076 038 ****61.25

DOCUMENT # N03000002212					
1. Entity Name LAKEWOOD ESTATES CIVIC ASSOCIATION INC.					
Principal Place of Business P. O. BOX 15903 ST. PETERSBURG, FL 15903			Mailing Address P. O. BOX 15903 ST. PETERSBURG, FL 15903		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELLIS, JUDITH S 1874 JUAREZ WAY S. SAINT PETERSBURG, FL 33712			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME ELLIS, JUDITH S	<input type="checkbox"/> Delete			
STREET ADDRESS 1874 JUAREZ WAY S.					
CITY-ST-ZIP SAINT PETERSBURG, FL 33712					
TITLE VD	NAME OLIVERBARNES, CONNIE	<input type="checkbox"/> Delete			
STREET ADDRESS 2585 GRENADA CIR W.					
CITY-ST-ZIP ST PETERSBURG, FL 33712					
TITLE STD	NAME WEDDING, PATSY	<input type="checkbox"/> Delete			
STREET ADDRESS 2575 DESOTO WAY SOUTH					
CITY-ST-ZIP SAINT PETERSBURG, FL 33712					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
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STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY-ST-ZIP 					
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: <i>Patsy Wedding</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-10-08 127-867-8450	
Date		Daytime Phone #			