# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 03, 2004 8:00 am**
**Secretary of State**
05-10-2004 90459 040 ****70.00

DOCUMENT # N03000002477

1. Entity Name
LAKE PLACE PROPERTY OWNERS ASSOCIATION, INC.

66426163

| Principal Place of Business | Mailing Address |
|---|---|
| 2128 EAST EDGEWOOD DRIVE<br>SUITE 109<br>LAKELAND, FL 33803 | 2128 EAST EDGEWOOD DRIVE<br>SUITE 109<br>LAKELAND, FL 33803 |

01202004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 120 Allamanda Drive | 1101 Gulf Breeze Pkwy. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite # 229 |
| City & State: Lakeland, Florida | City & State: Gulf Breeze, Florida |
| Zip: 33803 Country: Polk | Zip: 32561 Country: Santa Rosa |

4. FEI Number 59-3060164 ☐ 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 |
|---|---|
| CLARKSON, KEITH<br>120 ALLAMANDA DRIVE<br>LAKELAND, FL 33803 | Name: Keith Clarkson<br>Street Address (P.O. Box Number is Not Acceptable): 120 Allamanda Drive<br>City: Lakeland FL Zip Code: 33803 |

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: Keith Clarkson 5/28/04
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, 2004**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PVST<br>CLARKSON, KEITH<br>120 ALLAMANDA DRIVE<br>LAKELAND, FL 33803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Lisa Williams D<br>120 Allamanda Drive<br>Lakeland, FL. 33803 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEE, GAYLE<br>120 ALLAMANDA DRIVE<br>LAKELAND, FL 33803 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Chad Willard<br>120 Allamanda Drive<br>Lakeland, FL 33803 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RODDA, JOHN A<br>2128 EADT EDGEWOOD DR., SUITE 109<br>LAKELAND, FL 33809 | ☒ Delete<br>need to | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete<br>delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 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 exemption stated in Section 119.07(3)(i), 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:** 5/5/04 863-669-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #