

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-22-2008 90063 024 ****61.25

DOCUMENT # N03000007751 1. Entity Name LAKES PARK ENRICHMENT FOUNDATION, INC.					
Principal Place of Business 2430 PERIWINKLE WAY SUITE B SANIBEL ISLAND, FL 33957			Mailing Address P.O. BOX 716 SANIBEL ISLAND, FL 33957		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0671031	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMENIA, JOHN 2430 PERIWINKLE WAY SUITE B SANIBEL ISLAND, FL 33957			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete ARMENIA, JOHN 2430 PERIWINKLE WAY UNIT B SANIBEL ISLAND, FL 33957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete ARMENIA, JOSEPH 2430 PERIWINKLE WAY UNIT B SANIBEL ISLAND, FL 33957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete CLINE, KATHLEEN A 2430 PERIWINKLE WAY UNIT B SANIBEL ISLAND, FL 33957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BECK, MICHAEL 10181 SIX MILE CYPRESS, SUITE A FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right;">33966</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete HANSEN, TERI 8191 COLLEGE PKWY SUITE 303 FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARROLL, WENDI 19781 S. RIVER ROAD ALVA, FL 33920	
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: <u>Michael D. Beck</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/14/08</u> Daytime Phone #: <u>239-278-4455</u>		