

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010168

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: LAKE PIERNA PROPRIETORS, INCORPORATED

**Current Principal Place of Business:**

111 E LAKESHORE DR  
PANAMA CITY, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

111 E LAKESHORE DR  
PANAMA CITY, FL 32413

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FINLAYSON, CAROLYN  
115 E LAKESHORE DR  
PANAMA CITY BEACH, FL 32413 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BERENDES, ROBERT  
Address: 111 E LAKESHORE DR  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: DV ( ) Delete  
Name: FINLAYSON, CAROLYN  
Address: 115 E LAKESHORE DR  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: DV ( ) Delete  
Name: VOLTZ, JIM  
Address: P.O. BOX 3120  
City-St-Zip: TUSCALOOSA, AL 354033120

Title: ST ( ) Delete  
Name: BERENDES, KATHRYN  
Address: 111 E LAKESHORE DR  
City-St-Zip: PANAMA CITY BEACH, FL 32413

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SMITH, CHARLES L  
Address: 111 E LAKESHORE DR  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARES L. SMITH

DP

04/22/2004

Electronic Signature of Signing Officer or Director

Date