

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003483 1. Entity Name LYNNWOOD COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 575 S. WICKHAM RD. WEST MELBOURNE, FL 32904	Mailing Address 575 S. WICKHAM RD. WEST MELBOURNE, FL 32904
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0965350	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLARK, COY A 575 S. WICKHAM RD. WEST MELBOURNE, FL 32904
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IN THIS SPACE**

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 _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000611109 02/02/07-80046-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, COY A 575 S. WICKHAM RD. WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALLEY, CLARK 575 WICKHAM RD. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBB, ROBERT F 575 S. WICKHAM RD. WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Coy A. Clark COY A CLARK 1/29/07 321-723-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #