2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # N05000004712 04-27-2006 90163 039 ****61.25 LAKÉ PARK COMMUNITY WATCH, INC. Principal Place of Business Mailing Address 430 EVERGREEN DRIVE **430 EVERGREEN DRIVE** LAKE PARK, FL 33403 LAKE PARK, FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 41-2175762 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUTAUD, LYNN 430 EVERGREEN DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE PARK, FL 33403 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 . 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 9. Election Campaign Financing Make check payable to \$5.00 May Be П Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete ☐ Addition TITLE Change HILL, GEORGE NAME NAME STREET ADDRESS 214 CYPRESS DRIVE STREET ADDRESS LAKE PARK, FL 33403 CITY-ST-ZIP CITY-ST-7IP TOTLE ☐ Delete ☐ Addition TITLE ☐ Change NAME **FULLERTON, LOUISE** NAME STREET ADDRESS 320 DATE PALM DRIVE STREET ADDRESS CITY-ST-71P LAKE PARK, FL CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition GOODSELL, RICK NAME NAME 410 9TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition DUTAUD, LYNN NAME STREET ADDRESS 430 EVERGREEN DRIVE STREET ADDRESS LAKE PARK, FL 33403 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

EINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED