

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007463

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** BOOKERTOWN IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

4631 GILBERT ST.  
LAKE MONROE, FL 32747

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 471104  
LAKE MONROE, FL 32747

**New Mailing Address:**

**FEI Number:** 35-2273837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVER, DARIEN  
4530 RICHARD ALLEN ST  
LAKE MONROE, FL 32747 US

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

OLIVER, DARIEN  
316 RACHELLE AVE # 1123  
SANFORD, FL 32771 US

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:** DARIEN OLIVER

03/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** EDGE, CARLTON  
**Address:** 4501 GOLBERT ST.  
**City-St-Zip:** LAKE MONROE, FL 32747

**Title:** DV  
**Name:** CUMMINGS, GLORIA  
**Address:** 1262 DUNBAR AVE.  
**City-St-Zip:** LAKE MONROE, FL 32747

**Title:** DS  
**Name:** OLIVER, DARIEN  
**Address:** 316 RACHELLE AVE # 1123  
**City-St-Zip:** SANFORD, FL 32771

**Title:** DT  
**Name:** JACKSON, ARTHUR  
**Address:** 4521 DUBOIS ST.  
**City-St-Zip:** LAKE MONROE, FL 32747

I hereby 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 all other like empowered.

**SIGNATURE:** DARIEN OLIVER

DS

03/30/2010

Electronic Signature of Signing Officer or Director

Date