# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 08, 2007 8:00 am**
**Secretary of State**
03-08-2007 90018 029 ****61.25

DOCUMENT # N14693

1. Entity Name

LAKE CLINCH AIRPARK ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| LOVERN, DONALD, B<br>1800 SW 93 PLACE<br>MIAMI FL 33165-745<br>US | LOVERN, DONALD, B<br>1800 SW 93 PLACE<br>MIAMI FL 33165-745<br>US |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 446 AIRPORT ROAD | 446 AIRPORT RD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: FROSTPROOF FL | City & State: FROSTPROOF FL |
| Zip: 33843 Country: | Zip: 33843 Country: |

4. FEI Number: 59-2802864 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LOVERN, DONALD B<br>1800 SW 93 PLACE<br>MIAMI FL 33165 | Name: LOUIS X. AMATO<br>Street Address (P.O. Box Number is Not Acceptable): 446 AIRPORT RD.<br>City: FROSTPROOF FL Zip Code: 33843 |

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: Louis X. AMATO 2/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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<br>NELSEN, LYNN<br>1851 CR 630W<br>FROSTPROOF FL 33843-9252 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>AMATO, LOUIS X<br>446 AIRPORT RD<br>FROSTPROOF, FL 33843 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DODD, WILLIAM H,<br>10 AIRPORT RD.<br>FROSTPROOF FL 33843 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>JOHN J. MADDEN, JR<br>340 AIRPORT RD<br>FROSTPROOF, FL 33843 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LOVERN, DONALD<br>1800 SW 93RD PL.<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOVERN, DONALD<br>1800 SW 93RD PL.<br>MIAMI, FL 33165 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>LOVERN, NANCY<br>1800 S. W. 93 PLACE<br>MIAMI FL 33165 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>AMATO, LUIS X<br>446 AIRPORT RD<br>FROSTPROOF FL 33843 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Louis X. AMATO LOUIS X. AMATO 2/27/07 8636354000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #