



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90085 033 ****61.25

DOCUMENT # N26328 1. Entity Name THE LAKE BROOKLYN CIVIC ASSOCIATION, INC.					
Principal Place of Business 6574 BROOKLYN BAY ROAD P O BOX 1957 KEYSTONE HEIGHTS FL 32656				Mailing Address 6574 BROOKLYN BAY ROAD P O BOX 1957 KEYSTONE HEIGHTS FL 32656	
2. Principal Place of Business 6479 Immokalee Rd. Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Keystone Hgts. Fla. Zip 32656 Country CLAY		City & State Zip Country		4. FEI Number 59-2857724 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent CAMPBELL, OLEN 6479 IMMOKALEE RD KEYSTONE HGHTS. FL 32656					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V MOODY, C.E. 6574 BROOKLYN BAY RD KEYSTONE HGTS. FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYHURST, J. G 6015 KLARE DR. KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, OLEN K 6479 IMMOKALEE RD KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARBER, WEBB 7193 PLEASANT PT RD KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKEN, DORIS 4793 LANNIE RD. JACKSONVILLE FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUMGARDNER, JUDY 6809 IMMOKALEE RD KEYSTONE HEIGHTS FL 32656 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: Olen K Campbell - OLEN K. Campbell 4-24-04 352-473-8281 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					