

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

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N26328

1. Entity Name
THE LAKE BROOKLYN CIVIC ASSOCIATION, INC.



Principal Place of Business
**6479 IMOKALEE RD
P O BOX 1957
KEYSTONE HEIGHTS, FL 32656**

Mailing Address
**6479 IMOKALEE RD
P O BOX 1957
KEYSTONE HEIGHTS, FL 32656**



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2857724

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, OLEN
6479 IMMOKALEE RD
KEYSTONE HGHTS., FL 32656**

**DO NOT WRITE
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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, CHRIS 6470 BROOKLYN BAY RD KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDLE, ROBERT G 2936 LAKESHORE BLVD. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, OLEN K 6479 IMMOKALEE RD KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARBER, WEBB 7193 PLEASANT PT RD KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKEN, DORIS 4793 LANNIE RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUMGARDNER, JUDY 6809 IMMOKALEE RD KEYSTONE HEIGHTS, FL 32656

U00000596412
01/23/07-80078-016 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07

Date

3x2-473-7x47

Daytime Phone #