

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 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



04102008 No Chg-NP

CR2E037 (4/06)

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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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CARSON, CHRIS
STREET ADDRESS 6470 BROOKLYN BAY RD
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE D
NAME RANDLE, ROBERT G
STREET ADDRESS 2936 LAKESHORE BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE P
NAME CAMPBELL, OLEN K
STREET ADDRESS 6479 IMMOKALEE RD
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE T
NAME FARBER, WEBB
STREET ADDRESS 7193 PLEASANT PT RD
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE D
NAME HICKEN, DORIS
STREET ADDRESS 4793 LANNIE RD.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE S
NAME BAUMGARDNER, JUDY
STREET ADDRESS 6809 IMMOKALEE RD
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

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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

WEBB FARBER

4-10-08

Date

352-473-7547

Daytime Phone #