

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26328

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE LAKE BROOKLYN CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

6479 IMOKALEE RD
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

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

New Mailing Address:

PO BOX 1957
KEYSTONE HEIGHTS, FL 32656 US

FEI Number: 59-2857724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARSON, CHRIS
Address: 6470 BROOKLYN BAY RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: RANDLE, ROBERT G
Address: 2936 LAKESHORE BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: P () Delete
Name: CAMPBELL, OLEN K
Address: 6479 IMMOKALEE RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T () Delete
Name: FARBER, WEBB
Address: 7193 PLEASANT PT RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: HICKEN, DORIS
Address: 4793 LANNIE RD.
City-St-Zip: JACKSONVILLE, FL

Title: S () Delete
Name: BAUMGARDNER, JUDY
Address: 6809 IMMOKALEE RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WEBB FARBER

TRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date