

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90130 005 \*\*\*\*61.25

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**DOCUMENT # N32284**

1. Corporation Name

**LAKEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

PO BOX 37331  
TALLAHASSEE FL 32315

Mailing Address

PO BOX 37331  
TALLAHASSEE FL 32315

157318 . 90130 1 5 8 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**05/12/1989**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**KNERR, RICHARD**  
**5638 LUNKER LN**  
**TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name **MAX GREEN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **5624 Maple Forest Dr.**  
84 City **Tallahassee** FL 85 Zip Code **32303**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Max Green** / **Max Green**

**2/15/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ DELETE  
NAME **WILLIAMS, SUSAN**  
STREET ADDRESS **4408 WIDGEN WAY**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **T** ☐ DELETE  
NAME **GREEN, MAX**  
STREET ADDRESS **5624 MAPLE FOREST DR.**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD** ☒ DELETE  
NAME **RIUX, FAYE**  
STREET ADDRESS **5722 MOSSY TOP WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **PD** ☒ DELETE  
NAME **KNERR, RICHARD**  
STREET ADDRESS **5658 LUNKER LN**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE **VPD** ☐ Change ☒ Addition  
1.2 NAME **Ray wheeler**  
1.3 STREET ADDRESS **5555 split oak dr.**  
1.4 CITY-ST-ZIP **Tallahassee, FL 32303**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☐ Change ☒ Addition  
3.2 NAME **Inogene Sanders**  
3.3 STREET ADDRESS **5625 Mossy Top Way**  
3.4 CITY-ST-ZIP **Tallahassee, FL 32303**

4.1 TITLE **President** ☐ Change ☒ Addition  
4.2 NAME **MAX GREEN**  
4.3 STREET ADDRESS **5624 Maple Forest Dr.**  
4.4 CITY-ST-ZIP **Tallahassee, FL 32303**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Max Green** / **Max Green**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/99**

DATE

**850-562-5421**

Daytime Phone #

CR2E037 (1/98)