2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90079 017 ****61.25

B0030283

DOCUMENT # N32284

1. Entity Name

LAKEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
O BOX 37331 ALLAHASSEE FL 32315	PO BOX 37331 TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAGERS, JANET 5665 MAPLE FOREST TALLAHASSEE FL 32303	Name: Linda Brainard Street Address (P.O. Box Number is Not Acceptable): 4639 Autumn Woods Way City: Tallahassee FL Zip Code: 32303

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: Linda Brainard, Treasurer — L N Brainard — 2/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TLE / AME / REET ADDRESS / TY-ST-ZIP	S MUELLER, JOSEPH 5619 LUNKER LANE TALLAHASSEE FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lamar Turner 4813 Calcutta Court Tallahassee, Fl 32303	☐ Change ☑ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP	TD NICHOLS, BUDDY 5812 DOONESBURY WAY TALLAHASSEE FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Harrison Arencibian 5752 Cypress Circle Tallahassee, Fl 32303	☐ Change ☑ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP	D SANDERS, IMOGENE 5625 MOSSY TOP WAY TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Linda Brainard 4639 Autumn Woods Way Tallahassee, Fl 32303	☐ Change ☑ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP	PD WAGERS, JANET 5665 MAPLE FOREST TALLAHASSEE FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mary Thompson 5539 Mossy Top Way Tallahassee, Fl 32303	☐ Change ☑ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP	D MARIE, EDDY 4408 BLUE BILL PASS TALLAHASSEE FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	June Watson - Director 6297 Bombadil Dr Tallahassee, FL 32303	☐ Change ☑ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP	VD TINSLEY, LINDA 5634 MOSSY TOP WAY TALLAHASSEE FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Linda Brainard SIGNATURE REQUIRED — 2/5/02 — 850/562-5862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #