

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32284

FILED
Apr 03, 2004
Secretary of State**Entity Name:** LAKEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**PO BOX 37331
TALLAHASSEE, FL 32315**New Principal Place of Business:****Current Mailing Address:**PO BOX 37331
TALLAHASSEE, FL 32315**New Mailing Address:****FEI Number:** 59-3220414**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRAINARD, LINDA
4639 AUTUMN WOODS WAY
TALLAHASSEE, FL 32303**Name and Address of New Registered Agent:**FEDERICO, ALVIN J PRES.
5628 RUSTIC DRIVE
TALLAHASSEE, FL 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: ALVIN J. FEDERICO

04/03/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, LAMAR
Address: 4639 AUTUMN WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP () Delete
Name: RUSH, EDEN
Address: 6496 BOMBADIL DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: JOHNSTON, PETER
Address: 4528 BUTUMN WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: BRAINARD, LINDA
Address: 4639 AUTUMN WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: CAREY, MARYLYNN
Address: 5784 JAPONICA CT.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: WATSON, JUNE
Address: 6297 BOMBADIL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FEDERICO, ALVIN
Address: 5628 RUSTIC DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP (X) Change () Addition
Name: ARENCIBIAN, HARRISON
Address: 5752 CYPRESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: S (X) Change () Addition
Name: JOHNSTON, PETER
Address: 4528 AUTUMN WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: D (X) Change () Addition
Name: DANN, ELLIE
Address: 4647 AUTUMN WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32303

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALVIN J. FEDERICO

PRES

04/03/2004

Electronic Signature of Signing Officer or Director

Date

DIRECTOR JANET WAGERS
5665 MAPLE FOREST DRIVE
TALLAHASSEE, FL 32303