

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03 MAY 03 2005

DOCUMENT # N32284

1. Entity Name  
LAKEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.



FILED  
05 APR 29 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
PO BOX 37331  
TALLAHASSEE, FL 32315

Mailing Address  
PO BOX 37331  
TALLAHASSEE, FL 32315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3220414

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FEDERICO, ALVIN J PRES.  
5628 RUSTIC DRIVE  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name HARRISON ARENCIBIAN  
Street Address (P.O. Box Number is Not Acceptable)  
5752 CYPRESS CIRCLE  
City Tallahassee FL Zip Code 32303

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, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME FEDERICO, ALVIN  
STREET ADDRESS 5628 RUSTIC DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VP ☐ Delete  
NAME ARENCIBIAN, HARRISON  
STREET ADDRESS 5752 CYPRESS CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE S ☒ Delete  
NAME JOHNSTON, PETER  
STREET ADDRESS 4528 AUTUMN WOODS WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE T ☒ Delete  
NAME BRAINARD, LINDA  
STREET ADDRESS 4639 AUTUMN WOODS WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete  
NAME DANN, ELLIE  
STREET ADDRESS 4647 AUTUMN WOODS WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☒ Delete  
NAME WATSON, JUNE  
STREET ADDRESS 6297 BOMBADIL DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE vice pres ☐ Change ☒ Addition  
NAME SALLY Malloy  
STREET ADDRESS 6257 Bombadil DR. Tallahassee FL  
CITY-ST-ZIP 32303

TITLE President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☒ Addition  
NAME Yvonne Luster - HARVEY  
STREET ADDRESS 4530 Hickory Forest Circle  
CITY-ST-ZIP Tallahassee, FL 32303

TITLE TREASURER ☐ Change ☒ Addition  
NAME JANET WAGERS  
STREET ADDRESS 5665 Maple Forest Drive  
CITY-ST-ZIP Tallahassee, FL 32303

TITLE ☐ Change ☐ Addition  
NAME 500054015335  
STREET ADDRESS 05/06/05--01066--017 \*\*61.25  
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition  
NAME BONNIE Duimette  
STREET ADDRESS 5756 CYPRESS CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 2005 850/5805251  
Date Daytime Phone #