

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90399 009 ****61.25

DOCUMENT # N32284 1. Entity Name LAKEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business PO BOX 37331 TALLAHASSEE, FL 32315			Mailing Address PO BOX 37331 TALLAHASSEE, FL 32315		
2. Principal Place of Business PO Box 180145-Tallahassee, FL Suite, Apt. #, etc. 32318-0007		3. Mailing Address Tallahassee, FL PO Box 180145-32318-0007 Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3220414	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARENCIBIAN, HARRISON 5752 CYPRESS CIRCLE TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Malloy, Sally S. Street Address (P.O. Box Number is Not Acceptable) 6257 Bombardil Drive Tallahassee, FL City 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 <u>Sally S. Malloy</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/21/2006</u>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME MALLOY, SALLY STREET ADDRESS 6257 BOMBADIL DR CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Allen Jenkins STREET ADDRESS 5799 Cypress Cir. CITY-ST-ZIP Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME ARENCIBIAN, HARRISON STREET ADDRESS 5752 CYPRESS CIRCLE CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE P NAME Sally Malloy STREET ADDRESS 6257 Bombadil Dr. CITY-ST-ZIP Tallahassee, FL 32303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LUSTER-HARVEY, YVONNE STREET ADDRESS 4530 HICKORY FOREST CIR CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME WAGERS, JANET STREET ADDRESS 5665 MAPLE FOREST DR CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE T NAME David Eberhardt STREET ADDRESS 5794 Split Oak CITY-ST-ZIP Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME DANN, ELLIE STREET ADDRESS 4647 AUTUMN WOODS WAY CITY-ST-ZIP TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE D NAME June Watson STREET ADDRESS 6297 Bombadil Dr. CITY-ST-ZIP Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME OUIMETTE, BONNIE STREET ADDRESS 5756 CYPRESS CIR CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Sally S. Malloy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			P 4/21/2006 <small>Date Daytime Phone #</small>		

ADDITIONAL OFFICERS

ATTACHMENT

40057718

- D GAIL WORRELL - 5845 Cypress Cir.
Tallahassee, FL 32303
- D LUCY POPPELL - 6176 Huckleberry Ln.
Tallahassee, FL 32303
- D MARY LYNN CAREY - 5784 Japonica Ct.
Tallahassee, FL 32303

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