

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32284

FILED
Feb 26, 2009
Secretary of State

Entity Name: LAKEWOOD AREA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 180745
TALLAHASSEE, FL 323180007

New Principal Place of Business:

000 LAKEWOOD VILLAGE
L-ANA
TALLAHASSEE, FL 32303

Current Mailing Address:

PO BOX 180745
TALLAHASSEE, FL 323180007

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:

ROBERTS, JACK
5756 SPLIT OAK LN
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

WAGERS, JANET
5665 MAPLE FORREST DRIVE
TALLAHASSEE, FL 32303 US

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: JANET WAGERS

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, JACK
Address: 5756 SPLIT OAK LN
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP () Delete
Name: POPPELL, LUCY
Address: 6167 HUCKLEBERRY LN
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: WALAK, DONNA
Address: 6330 BOMBADIL DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: T (X) Delete
Name: WAGERS, JANET
Address: 5665 MAPLE FOREST DR
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: D () Delete
Name: OUIMETTE, BONNIE
Address: 5756 CYPRESS CIR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WAGERS, JANET
Address: 5665 MAPLE FORREST DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP (X) Change () Addition
Name: STACKHOUSE, ELIJAH
Address: 5699 CYPRESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: S (X) Change () Addition
Name: TALGO, BROOKE
Address: 5700 JAPONICA CT.
City-St-Zip: TALLAHASSEE, FL 32303

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JANET WAGERS

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date