

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90070 016 ****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

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

**BRAINARD, LINDA
4639 AUTUMN WOODS WAY
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP | P TURNER, LAMAR 4313 CALCUTTA COURT TALLAHASSEE FL 32303 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ARENCIBIAN, HARRISON 5752 CYPRESS CIRCLE TALLAHASSEE FL 32303 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANDERS, IMOGENE 5625 MOSSY TOP WAY TALLAHASSEE FL 32303 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BRAINARD, LINDA 4639 AUTUMN WOODS WAY TALLAHASSEE FL 32303 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMPSON, MARY 5539 MOSSY TOP WAY TALLAHASSEE FL 32303 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WATSON, JUNE 6297 BOMBADIL DRIVE TALLAHASSEE FL 32303 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Linda Brainard 4639 Autumn Woods Way Tallahassee, FL 32303 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Eden Rush 6496 Bombadil Dr. Tallahassee, FL 32303 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Peter Johnston 4529 Autumn Wood Way Tallahassee, FL 32303 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Alvin Federico 5628 Rustic Dr. Tallahassee, FL 32303 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Marylynn Carey 5784 Japonica Ct. Tallahassee, FL 32303 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Daniel Maldonado 5063 Donargo Dr. Tallahassee, FL 32303 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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, Pres.*

3/1/03 850/562-5862

CR2E037 (10/02)

Attachment

90042685

Lakewood Area Neighborhood Assoc., Inc.

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Additional Directors

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D
Don Weston

Addition

4505 Autumn Woods Way
Tallahassee, FL 32303

D

Addition

Janet Wagers

5665 Maple Forest Dr.

Tallahassee, FL 32303