

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-04-2006 90215 008 ****61.25

DOCUMENT # N36039					
1. Entity Name L.O.K. HOMEOWNERS ASSOCIATION AND COMMUNITY PATROL, INC.					
Principal Place of Business 7754 UNTREINER AVENUE PENSACOLA FL 32534 US			Mailing Address 7754 UNTREINER AVENUE PENSACOLA FL 32534 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FSL Number 59-2999149	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, NORMAN 7754 UNTREINER AVENUE PENSACOLA FL 32534				7. Name and Address of Now 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 <i>Norman Watson</i> Signature, typed or printed name of registered agent and title if applicable				DATE 4-17-06 (NOTE: Registered Agent signature required when reappointing)	
FILE NOW: FEE IS \$61.25 Due By: May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WATSON, NORMAN 7754 UNTREINER AVENUE PENSACOLA FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARKER, CHARLES 1072 CHAVERS STREET PENSACOLA FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARTER, JESSE 7618 UNTREINER AVE PENSACOLA FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, LINDA M 1610 CHAPPIE PLACE PENSACOLA FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMPBELL, JAMES 1207 PORTLAND STREET PENSACOLA FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCREARY, ULYSSES 7950 MELBOUME AVE PENSACOLA FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>JAMES CAMPBELL</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 6/20/06 DAYTIME PHONE # 850-477-8693	