

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**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**



03152007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI 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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WATSON, NORMAN  
STREET ADDRESS 7754 UNTREINER AVENUE  
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE S  
NAME PARKER, CHARLES  
STREET ADDRESS 1072 CHAVERS STREET  
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE T  
NAME CARTER, JESSE  
STREET ADDRESS 7618 UNTREINER AVE  
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE D  
NAME WILLIAMS, LINDA M  
STREET ADDRESS 1610 CHAPPIE PLACE  
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE D  
NAME CAMPBELL, JAMES  
STREET ADDRESS 1207 PORTLAND STREET  
CITY-ST-ZIP PENMSACOLA, FL 32534

TITLE D  
NAME MCCREARY, ULYSSES  
STREET ADDRESS 7950 MELBOUME AVE  
CITY-ST-ZIP PENSACOLA, FL 32534

U00000687237  
04/10/07-80032-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Norman Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/07 804764139