

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 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

**DO NOT WRITE IN THIS SPACE**



05062008 No Chg-NP

CR2E037 (4/06)

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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000350858  
06/04/08-80008-016 61.25

**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

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-07 850-476-4139