

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36039

FILED
Jul 10, 2009
Secretary of State

Entity Name: L.O.K. HOMEOWNERS ASSOCIATION AND COMMUNITY PATROL, INC.

Current Principal Place of Business:

7754 UNTREINER AVENUE
PENSACOLA, FL 32534 US

New Principal Place of Business:

Current Mailing Address:

7754 UNTREINER AVENUE
PENSACOLA, FL 32534 US

New Mailing Address:

FEI Number: 59-2999149 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WATSON, NORMAN
7754 UNTREINER AVENUE
PENSACOLA, FL 32534 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATSON, NORMAN
Address: 7754 UNTREINER AVENUE
City-St-Zip: PENSACOLA, FL 32534 US

Title: S () Delete
Name: PARKER, CHARLES
Address: 1072 CHAVERS STREET
City-St-Zip: PENSACOLA, FL 32534

Title: T () Delete
Name: CARTER, JESSE
Address: 7618 UNTREINER AVE
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: WILLIAMS, LINDA M
Address: 1610 CHAPPIE PLACE
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: CAMPBELL, JAMES
Address: 1207 PORTLAND STREET
City-St-Zip: PENMSACOLA, FL 32534

Title: D () Delete
Name: MCCREARY, ULYSSES
Address: 7950 MELBOUME AVE
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: NORMAN WATSON

PD

07/10/2009

Electronic Signature of Signing Officer or Director

Date