

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90035 012 ****61.25

DOCUMENT # N36695

1. Entity Name

LAKE PIPPIN PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

811 PIPPIN DR
NICEVILLE FL 32578
US

Mailing Address

811 PIPPIN DR
NICEVILLE FL 32578
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3004043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARTANI, MYRNA L
811 PIPPIN DR
NICEVILLE FL 32578

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 MYRNA L. PARTANI
Signature, typed or printed name of registered agent and title if applicable.

Myrna L. Partani
NOTE: Registered Agent signature required when reappointing

3-12-08
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	PDT	<input type="checkbox"/> Delete
NAME	WARNER, TOM	
STREET ADDRESS	1027 CHOCTAWATCHEE	
CITY-STATE-ZIP	NICEVILLE FL 32578	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	DOUGLAS, CHUCK	
STREET ADDRESS	943 CHOCTAWATCHEE	
CITY-STATE-ZIP	NICEVILLE FL 32578	
TITLE	STT	<input type="checkbox"/> Delete
NAME	PARTANI, MYRNA L	
STREET ADDRESS	811 PIPPIN DR	
CITY-STATE-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, TOM	
STREET ADDRESS	1027 CHOCTAWATCHEE	SAME
CITY-STATE-ZIP	NICEVILLE, FL 32578	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDLE, TONY	
STREET ADDRESS	1018 LAKE DRIVE	
CITY-STATE-ZIP	NICEVILLE, FL 32578	
TITLE	STT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTANI, MYRNA	
STREET ADDRESS	811 PIPPIN DR.	SAME
CITY-STATE-ZIP	NICEVILLE, FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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: Myrna L. Partani

3-12-08

850-897-3740