


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90256 008 ****61.25

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # N36760 1. Entity Name LAKE BERNADETTE COMMUNITY ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 4131 GUNN HWY TAMPA, FL 33618 | | | Mailing Address 4131 GUNN HWY TAMPA, FL 33618 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-2996976 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| \$8.75 Additional Fee Required | | | | 04112007 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent MEIROSE & FRISCIA, P.A. 500 NORTH WESTSHORE BLVD, #830 TAMPA, FL 33609 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LERNER, HARRY JR 4131 GUNN HWY TAMPA, FL 33618 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOONEY, JOHN 4131 GUNN HWY TAMPA, FL 33618 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MOBLEY, TIMOTHY F 4131 GUNN HWY TAMPA, FL 33618 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEWART, TONYA 4131 GUNN HWY TAMPA, FL 33618 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TIMOTHY F Mobley 4131 Gunn Highway Tampa, FL 33618 | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Marc Mobley 4131 Gunn Highway Tampa, FL 33618 | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Marc Mobley 4131 Gunn Highway Tampa, FL 33618 | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |