

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47391

FILED  
Jul 10, 2006  
Secretary of State

Entity Name: LAKE PARK PARENT TEACHER ORGANIZATION, INC.

**Current Principal Place of Business:**

1295 14TH AVENUE N.  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

1295 14TH AVENUE N.  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 65-0324048      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:**

NEWMAN, KAREN  
2800 CRAYTON ROAD  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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: RONDINA, NANCY  
Address: 1320 BALD EAGLE DR  
City-St-Zip: NAPLES, FL 34105 US

Title: V ( ) Delete  
Name: TOMAINI, LISA  
Address: 695 WEDGE DR  
City-St-Zip: NAPLES, FL 34103 US

Title: TD ( ) Delete  
Name: NEWMAN, KAREN  
Address: 2800 CRAYTON RD  
City-St-Zip: NAPLES, FL 34103 US

Title: SD ( ) Delete  
Name: DIERS, BROOKE  
Address: 2545 ROYAL PALM CT  
City-St-Zip: NAPLES, FL 34103 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THORNHILL, KRIS  
Address: 1920 TARPON RD  
City-St-Zip: NAPLES, FL 34102 US

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

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

Title: SD (X) Change ( ) Addition  
Name: SLONE, CASSIE  
Address: 1061 7TH STREET S  
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN NEWMAN

TD

07/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date