

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47391

FILED
Apr 30, 2008
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 ()

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: THORNHILL, KRIS
Address: 1920 TARPON RD
City-St-Zip: NAPLES, FL 34102 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: SLONE, CASSIE
Address: 1061 7TH STREET S
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: TOMAINI, LISA
Address: 1861 PLUMBAGO WAY
City-St-Zip: NAPLES, FL 34109 US

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

Title: SD (X) Change () Addition
Name: SLONE, CASSIE
Address: 2200 SNOOK DR
City-St-Zip: NAPLES, FL 34102 US

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: KAREN NEWMAN

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date