

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N47478 1. Entity Name LAKEWOOD RANCH CORPORATE PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 6215 LORRAINE ROAD BRADENTON, FL 34202			Mailing Address 6215 LORRAINE ROAD BRADENTON, FL 34202		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 02152006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-0329869 Applied For ☒ Not Applicable 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent AMODIO, JERREC 8175 LAKEWOOD RANCH BLVD BRADENTON, FL 34202					
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SWART, JOHN 6215 LORRAINE RD BRADENTON, FL 34202	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000494166 04/20/06-80034-017 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AMODIO, JERREE 8310 LAKEWOOD RANCH BLVD BRADENTON, FL 34202	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEBER, ROB 6215 LORRAINE RD BRADENTON, FL 34202	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, TIM 6215 LORRAINE RD. BRADENTON, FL 34202	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 is changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jerrec Amodio</i>			3-13-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					