

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000469

FILED
Apr 18, 2008
Secretary of State

Entity Name: LAKEFRONT AREA PROPERTY OWNERS, INC.

Current Principal Place of Business:

C/O PATRICIA PATTON
320 DAKIN AVE EAST
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

C/O PATRICIA PATTON
320 DAKIN AVE. EAST
KISSIMMEE, FL 34741

New Mailing Address:

C/O PATRICIA PATTON
320 DAKIN AVE EAST
KISSIMMEE, FL 34741

FEI Number: 59-3166737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTON, PATRICIA
320 DAKIN AVE EAST
KISSIMMEE, FL 34741 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: D () Delete
Name: NEALE, MARY
Address: 404 LAKESHORE BLVD.
City-St-Zip: KISSIMMEE, FL 34741

Title: TP () Delete
Name: PERRY, CELESTE
Address: 417 EAST DRURY AVE
City-St-Zip: KISSIMMEE, FL 34744

Title: VPT () Delete
Name: SIMONE, DAN
Address: 424 LAKESHORE
City-St-Zip: KISSIMMEE, FL 34741

Title: TS () Delete
Name: PATTON, PATRICIA
Address: 320 DAKIN AVE. S.
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: PATRICIA L. PATTON

TS

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date