

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001761 (5)

1. Corporation Name

LAKELAND PARK OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1633 SOUTHEAST 47TH TERRACE
CAPE CORAL FL 33910

1633 SOUTHEAST 47TH TERRACE
CAPE CORAL FL 33910

3. Date Incorporated or Qualified
04/05/1994

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 1653 VICTORIA AVE

26 P.O. Box 2462

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
FT MYERS, FL

28 City & State
FT MYERS, FL

24 Zip
33901

25 Country
USA

29 Zip
33902

30 Country
USA

4. FEI Number
65-0557455

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARSONS, WADE H
1633 SOUTHEAST 47TH TERRACE
CAPE CORAL FL 33910

81 Name
WADE H. PARSONS
82 Street Address (P.O. Box Number is Not Acceptable)
1653 VICTORIA AVE
83
84 City
FT MYERS FL 85 Zip Code
33901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, WILLIAM R	
STREET ADDRESS	13091 CROSS CREEK BLVD., #304	
CITY - ST - ZIP	FORT MEYERS FL 33912	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PARSONS, WADE H	
STREET ADDRESS	1633 S.E. 47TH TERRACE	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DAVIS, JEAN R	
STREET ADDRESS	13091 CROSS CREEK BLVD., # 304	
CITY - ST - ZIP	FORT MEYERS FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT P
2.3 STREET ADDRESS	WADE H. PARSONS
2.4 CITY - ST - ZIP	1653 VICTORIA AVE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

\$61.25 2/5/96
deposited by Bnk

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William R. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/95

941-561-4635
Date Daytime Phone #

CR2E037 (12/95)