
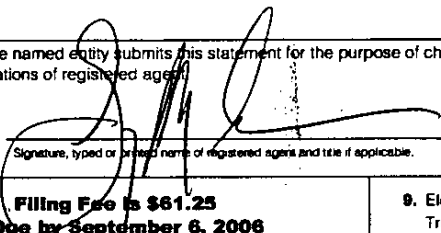
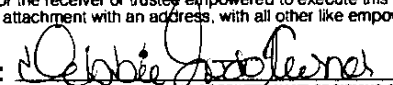


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90028 046 ****70.00

DOCUMENT # N94000001761 1. Entity Name LAKELAND PARK OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2191 NW 55TH AVE RD OCALA, FL 34482			Mailing Address 2191 NW 55TH AVE RD SUITE 302 OCALA, FL 34482		
2. Principal Place of Business 4315 Lakeland Park Drive Suite, Apt. #, etc.		3. Mailing Address 4315 Lakeland Park Drive Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL			
Zip 33809	Country USA	Zip 33809	Country USA		
4. FEI Number 65-0557455			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DAVIS, WILLIAM R 2191 NW 55TH AVE RD OCALA, FL 34482			7. Name and Address of New Registered Agent Name Gary Gordon Street Address (P.O. Box Number is Not Acceptable) 4315 Lakeland Park Drive City Lakeland FL Zip Code 33809		
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  <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>				DATE 7/10/06	
Filing Fee is \$61.25 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD DAVIS, W.R. 2191 NW 55TH AVE RD OCALA, FL 34482	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gary Gordon 4315 Lakeland Park Drive Lakeland, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, ROBERT A 439 RIDGEWAY DR LEXINGTON, KY 40502	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gary Gordon 4315 Lakeland Park Drive Lakeland, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, JEAN 2191 NW 55TH AVE RD OCALA, FL 34482	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Debbie Godo-Turner 4315 Lakeland Park Drive Lakeland, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PARSONS, MELANIE J 8532 SW 65TH CT. RD. OCALA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Debbie Godo-Turner 4315 Lakeland Park Drive Lakeland, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Debbie Godo-Turner 7/10/06 863-815-0606 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					