

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90290 040 \*\*\*\*61.25

**DOCUMENT # N94000002797**

1. Entity Name

LAKE PARK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

P O BOX 11282  
NAPLES FL 34101-1282  
US

Mailing Address

P O BOX 11282  
NAPLES FL 34101-1282  
US

00000711



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0546758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERMS, CAROLINE  
1275 - 9TH AVE N.  
NAPLES FL 34102

DE

Name

*Patricia M. Head*

Street Address (P.O. Box Number is Not Acceptable)

*1282 11th COURT N.*

City

*Naples*

FL

Zip Code

*34102*

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

*Patricia M. Head*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	P	<input type="checkbox"/> Delete
NAME	PATTI, SHARON	
STREET ADDRESS	1055 87TH AVE N	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	V	<input type="checkbox"/> Delete
NAME	CRAIG, JAMES	
STREET ADDRESS	1111 14TH AVE N	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORON, MARY	
STREET ADDRESS	1280 10TH AVE N	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERMS, CAROLINE	
STREET ADDRESS	1275 9TH AVE N	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEELE, DONNA	
STREET ADDRESS	870 FORREST AVENUE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	COCHRAN, JEFF	
STREET ADDRESS	1164 7TH AVE N	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN TURNER	
STREET ADDRESS	971 11th ST N	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Williams	
STREET ADDRESS	900 13th ST N	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Patricia M. Head, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.01.05

Date

239/261-8608

Daytime Phone #