


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90410 048 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0546758			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HEAD, PATRICIA M. 1282 11TH COURT N, NAPLES FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Patricia M. Head, Inc.</i> 04.13.07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	P COCHRAN, JEFF 1164 7TH AVE N NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DATTIS, SHARON <i>correct spelling Patti</i> <input type="checkbox"/> Delete 1055 8TH AVE N NAPLES FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORON, MARY <i>correct spelling Moran</i> <input type="checkbox"/> Delete 1280 10TH AVE N NAPLES FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEAD, PATRICIA M 1282 11TH CT N NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSINO, PAUL <input checked="" type="checkbox"/> Delete 770 10TH AVE N NAPLES FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greg Krumm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1248 13th Ave N. Naples, FL 34102		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, JOHN <input checked="" type="checkbox"/> Delete 971 11TH ST N NAPLES FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lance Donovan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1066 12th Ave N. Naples, FL 34102		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia M. Head, Inc.* 04.13.07 239/261-8605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #