

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90026 001 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01262008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0546758				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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME COCHRAN, JEFF STREET ADDRESS 1164 7TH AVE N CITY-ST-ZIP NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE President NAME Sharon Patti STREET ADDRESS 1055 8th Ave N. CITY-ST-ZIP Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME PATTS, SHARON STREET ADDRESS 1055 8TH AVE N CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE V. President NAME Bernice Tomasso STREET ADDRESS 1095 8th Ave N. CITY-ST-ZIP Naples, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME MORON, MARY STREET ADDRESS 1280 10TH AVE N CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HEAD, PATRICIA M STREET ADDRESS 1282 11TH CT N CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KRUMAN, GREG STREET ADDRESS 1248 13TH AVE NORTH CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DONOVAN, LANCE STREET ADDRESS 1066 12TH AVE NORTH CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Patricia M. Head</i>			01-27-08 239/261-8608		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		