

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002797

FILED
May 12, 2009
Secretary of State

Entity Name: LAKE PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 11282
NAPLES, FL 341011282 US

New Principal Place of Business:

1282 11TH COURT N
NAPLES, FL 341011282 US

Current Mailing Address:

P O BOX 11282
NAPLES, FL 341011282 US

New Mailing Address:

FEI Number: 65-0546758 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HEAD, PATRICIA M.
1282 11TH COURT N,
NAPLES, FL 34102 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATTI, SHARON
Address: 1055 8TH AVE N
City-St-Zip: NAPLES, FL 34102

Title: VP () Delete
Name: TOMASSO, BERNICE
Address: 1095 8TH AVE N
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: MORON, MARY
Address: 1280 10TH AVE N
City-St-Zip: NAPLES, FL 34102

Title: T () Delete
Name: HEAD, PATRICIA M
Address: 1282 11TH CT N
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: KRUMAN, GREG
Address: 1248 13TH AVE NORTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: DONOVAN, LANCE
Address: 1066 12TH AVE NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FASHING, JOHN
Address: 1251 7TH AVENUE, N #201
City-St-Zip: NAPLES, FL 34102

Title: S (X) Change () Addition
Name: MORAN, MARY
Address: 1280 10TH AVE N
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANDERSON, KURT
Address: 1096 12TH AVENUE N
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M HEAD

T

05/12/2009

Electronic Signature of Signing Officer or Director

Date