


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000001631	
1. Entity Name LAGORCE VILLAGE NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 4521 GUN CLUB RD., #105 WEST PALM BEACH, FL 33415	Mailing Address 6451 LA GORCE CT. LAKE WORTH, FL 33463 US
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0678284	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 MCINERNEY, TOM 6451 LA GORCE CT LAKE WORTH, FL 33463
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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 _____	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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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	000000301302 04/29/08-80063-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANER, LOREN 5706 LA GORCE CIRCLE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NICHOLAS, KEVIN 5803 LA GORCE CIR LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCINERNEY, THOMAS 6451 LA GORCE CT LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, NANCY 6531 LA GORCE LANE LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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>Thomas M. McInerney</i>	4-3-8	561 6857788
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>