

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90275 019 ****61.25

DOCUMENT # N95000004469 1. Entity Name LAMBERT LANE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 2105 LAMBERT LANE TALLAHASSEE, FL 32317			Mailing Address 2105 LAMBERT LANE TALLAHASSEE, FL 32317		
2. Principal Place of Business Suite, Apt. #, etc. 2070 Lambert Lane		3. Mailing Address Suite, Apt. #, etc. 2070 Lambert Lane			
City & State Tallahassee FL		City & State Tallahassee FL			
Zip 32317		Country USA			
4. FEI Number 59-3338951		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04132005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent MILLIRON, VICTOR 2105 LAMBERT LANE TALLAHASSEE, FL 32317			7. Name and Address of New Registered Agent Name REINARD HARKEMA Street Address (P.O. Box Number is Not Acceptable) 2070 Lambert Lane City Tallahassee FL Zip Code 32317		
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.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	STD MILLIRON, VICTOR 2105 LAMBERT LANE TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Leave		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Knight, William 2104 Lambert Lane Tallahassee, FL 32317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTSELIG, SABRINA 1939 LAMBERT LANE TALLAHASSEE, FL 32317 <input checked="" 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	STD HARKEMA, REINARD 2070 LAMBERT LN TALLAHASSEE, FL 32317 <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 DOWLEN, SARAH 2014 LAMBERT LN TALLAHASSEE, FL 32317 <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	<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	<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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Sec/TREAS (850) 644-3534 <small>Daytime Phone #</small>		