




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUN 26 PM 3:10

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004469 1. Entity Name LAMBERT LANE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 2070 LAMBERT LN TALLAHASSEE, FL 32317			Mailing Address 2105 LAMBERT LANE TALLAHASSEE, FL 32317		
2. Principal Place of Business 2105 Lambert Ln		3. Mailing Address 2105 Lambert Ln		EP  5/8/06 90304 009 #61.25 06262006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		4. FEI Number 59-3338951	
City & State Tallahassee, FL		City & State Tallahassee, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 32317		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARICEMA, REINARO 2070 LAMBERT LN TALLAHASSEE, FL 32317				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, WILLIAM <input type="checkbox"/> Delete 2104 LAMBERT LN TALLAHASSEE, FL 32317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cindy Randolph <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2005 Lambert Ln Tallahassee, FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete HARKENA, REINARD 2070 LAMBERT LN TALLAHASSEE, FL 32317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Victor Milliron 2105 Lambert Ln Tallahassee, FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DOWLEN, SARAH 2014 LAMBERT LN TALLAHASSEE, FL 32317		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	
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 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:  Victor K. Milliron 6/26/06 850-656-9223 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					