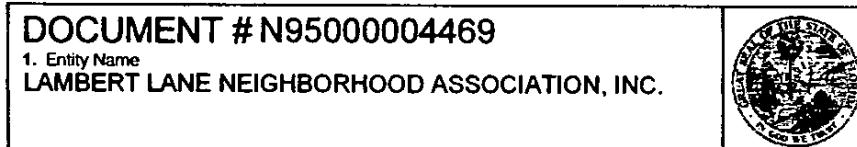


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

Suite, Apt. #, etc.

3. Mailing Address
2105 Lambert Ln

Suite, Apt. #, etc.

City & State
Tallahassee, FL

Zip

32317

City & State
Tallahassee, FL

Zip

32317

Country

USA

Country

USA

6. Name and Address of Current Registered Agent

HARICEMA, REINARO
2070 LAMBERT LN
TALLAHASSEE, FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. \$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 D
NAME KNIGHT, WILLIAM
STREET ADDRESS 2104 LAMBERT LN
CITY-ST-ZIP TALLAHASSEE, FL 32317

Delete

TITLE D

Cindy Randolph
2005 Lambert Ln
Tallahassee, FL 32317

Change

Addition

TITLE STD
NAME HARKENA, REINARD
STREET ADDRESS 2070 LAMBERT LN
CITY-ST-ZIP TALLAHASSEE, FL 32317

Delete

TITLE STD

Victor Milliron
2105 Lambert Ln
Tallahassee, FL 32317

Change

Addition

TITLE D
NAME DOWLEN, SARAH
STREET ADDRESS 2014 LAMBERT LN
CITY-ST-ZIP TALLAHASSEE, FL 32317

Delete

TITLE

Change
 Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change
 Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change
 Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/06

850-656-9223

Date Daytime Phone #