

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006007

FILED
Apr 30, 2006
Secretary of State

Entity Name: LAKE WORTH'S COLLEGE PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 622
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

P O BOX 622
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-0717000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BARBARA L
2616 CAROLINA COURT
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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: D () Delete
Name: PAXMAN, JOHN T
Address: 324 WELLESLEY DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: S () Delete
Name: PICARD, PAUL J III
Address: 201 FORDHAM DR
City-St-Zip: LAKE WORTH, FL 33460

Title: P () Delete
Name: WHITFIELD, ERICA Z
Address: 202 WELLESLEY DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: CLEMENS, JEFF
Address: PO BOX 622
City-St-Zip: LAKE WORTH, FL 33460

Title: T () Delete
Name: MILLER, BARBARA L
Address: 2616 CAROLINA COURT
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASELLA, CATHY
Address: 25 HARBOR DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: S (X) Change () Addition
Name: KABCENELL, AMY
Address: 20 HARVARD DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Change () Addition
Name: WHITFIELD, ERICA Z
Address: 202 WELLESLEY DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Change () Addition
Name: SCHWIEDER, TASHA
Address: 158 BRYN MAWR
City-St-Zip: LAKE WORTH, FL 33460

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA L MILLER

T

04/30/2006

Electronic Signature of Signing Officer or Director

Date