

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006007

FILED
Sep 02, 2008
Secretary of State

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

Current Principal Place of Business:

COLLEGE PARK
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: VP () Delete
Name: CASELLA, CATHY
Address: 25 HARBOR DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: KABCENELL, AMY
Address: 20 HARVARD DRIVE
City-St-Zip: LAKE WORTH, FL 33460

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

Title: D () Delete
Name: CORTES, JOSEPH
Address: 157 BRYN MAWR
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

09/02/2008

Electronic Signature of Signing Officer or Director

Date