

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90054 023 ****61.25

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1. Entity Name

SOUTH OCEAN DRIVE AND LANE SECURITY, INC.



Principal Place of Business

**1956 S OCEAN LANE
FORT LAUDERDALE FL 33316**

Mailing Address

**1956 S OCEAN LANE
FORT LAUDERDALE FL 33316**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0717206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLEE, ERIKA
1956 S OCEAN LANE
FORT LAUDERDALE FL 33316**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SPEIER, JOHN
1710 S OCEAN LN
FORT LAUDERDALE FL 33316** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GRACE, JOAN
2100 S OCEAN LANE
FT LAUDERDALE FL 33316** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
TOM KAMMER
1922 S OCEAN LN
FL LAUDERDALE, FL 33316** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
HABERLAND, PATRICIA
1750 S OCEAN LANE
FORT LAUDERDALE FL 33316** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ASHLEY, CHRISTINE
1650 S OCEAN LANE
FORT LAUDERDALE FL 33316** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KEITH BECK
1850 S OCEAN LN
Ft lauderdale, FL 33316** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
KLEE, ERIKA
1956 S OCEAN LANE
FORT LAUDERDALE FL 33-3165** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **ERIKA E. KLEE**

4/1/08 **(954-524-3930)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Paytime Phone #