

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

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N97000003002

1. Entity Name
LAKE PASADENA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**6261 3RD AVE N
ST. PETERSBURG, FL 33710 US**

Mailing Address
**6261 3RD AVE N
ST. PETERSBURG, FL 33710 US**



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3450545

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASLER, FRAN
6448 LAKE SHORE DRIVE NORTH
ST PETERSBURG, FL 33710**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME CASLER, FRAN
STREET ADDRESS 6448 LAKE SHORE DR N
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE ST
NAME WHITE, CLEMENT H
STREET ADDRESS 6261 THIRD AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE P
NAME KNIPPEN, JANE
STREET ADDRESS 6369 LAKE SHR DR N
CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE D
NAME RIDDLE, GRANT
STREET ADDRESS 300 THIRD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE D
NAME FALL, ROBERT
STREET ADDRESS 333 PALM LANE N.
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE V
NAME YANCEY, ROBERTA
STREET ADDRESS 5942 BURLINGTON AVE
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

000000520537
05/02/06-80100-011 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER 18 APR 06 727/343-2121

Date

Daytime Phone #