

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 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**



01052008 No Chg-NP

CR2E037 (4/06)

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**

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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, 2008**

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

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01/14/08-80003-014 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

Date

Daytime Phone #

Clement H. White, Secretary

Jan 5, 2008 727/343-3012