

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

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90036 035 \*\*\*\*61.25

**DOCUMENT # N97000005546**

1. Entity Name

**LAKE FORREST PREPARATORY PARENT TEACHERS  
ASSOCIATION, INC.**



Principal Place of Business

**866 LAKE HOWELL RD  
MAITLAND FL 32751  
US**

Mailing Address

**866 LAKE HOWELL RD  
MAITLAND FL 32751  
US**

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-3425237**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTOS, STACEY  
700 SANDSPUR ROAD  
MAITLAND FL 32751**

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

|                |                            |                                            |
|----------------|----------------------------|--------------------------------------------|
| TITLE          | P                          | <input type="checkbox"/> Delete            |
| NAME           | HAMMOND, KIM               |                                            |
| STREET ADDRESS | 2307 FIELDINGWOOD RD       |                                            |
| CITY- ST- ZIP  | MAITLAND FL 32751          |                                            |
| TITLE          | VP                         | <input type="checkbox"/> Delete            |
| NAME           | POLINER, LARRY             |                                            |
| STREET ADDRESS | 617 ARVERN DRIVE           |                                            |
| CITY- ST- ZIP  | ALTAMONTE SPRINGS FL 32701 |                                            |
| TITLE          | FD                         | <input type="checkbox"/> Delete            |
| NAME           | JOHNSON, TRACY             |                                            |
| STREET ADDRESS | 570 E GEORGE AVE           |                                            |
| CITY- ST- ZIP  | MAITLAND FL 32751          |                                            |
| TITLE          | S                          | <input checked="" type="checkbox"/> Delete |
| NAME           | SIGMAN, LISA               |                                            |
| STREET ADDRESS | 2182 PARK MAITLAND CT      |                                            |
| CITY- ST- ZIP  | MAITLAND FL 32751          |                                            |
| TITLE          | F                          | <input type="checkbox"/> Delete            |
| NAME           | BARTOS, STACEY             |                                            |
| STREET ADDRESS | 700 SANDSPUR ROAD          |                                            |
| CITY- ST- ZIP  | MAITLAND FL 32751          |                                            |
| TITLE          | T                          | <input type="checkbox"/> Delete            |
| NAME           | VAN ALLEN, DONNA           |                                            |
| STREET ADDRESS | 410 ALMERIA CT             |                                            |
| CITY- ST- ZIP  | WINTER SPRINGS FL 32708    |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY- ST- ZIP  |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY- ST- ZIP  |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | NFD<br>HELEN NEAL                                                            |
| STREET ADDRESS | 2057 OSPREY AVE                                                              |
| CITY- ST- ZIP  | ORLANDO, FL 32814                                                            |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | S<br>GRETCHEN GUINN                                                          |
| STREET ADDRESS | 244 OAKHURST ST.                                                             |
| CITY- ST- ZIP  | ALTAMONTE SPRINGS, FL 32701                                                  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY- ST- ZIP  |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY- ST- ZIP  |                                                                              |

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:

*Stacey Bartos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08

407-415-6803