


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90122 020 ****70.00

DOCUMENT # N98000002800					
1. Entity Name LAKE WORTH WEST RESIDENT PLANNING GROUP, INC.					
Principal Place of Business 4221 VERMONT AVE 4730 MAINE ST LAKE WORTH, FL 33461			Mailing Address 4221 VERMONT AVE 4730 MAINE ST LAKE WORTH, FL 33461		
2. Principal Place of Business 4730 MAINE STREET Suite, Apt. #, etc.			3. Mailing Address 4730 MAINE STREET Suite, Apt. #, etc.		
City & State Lake Worth, FL Zip 33461			City & State Lake Worth FL Zip 33461		
Country U.S.			Country U.S.		
6. Name and Address of Current Registered Agent RIVERA, DAMIAN 4704 MAINE STREET LAKE WORTH, FL 33461				7. Name and Address of New Registered Agent Name W. RAYMOND LOFTEN Street Address (P.O. Box Number is Not Acceptable) 4730 MAINE STREET City LAKE WORTH FL Zip Code 33461	
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 <u>W. Raymond Loften</u> DATE <u>08 FEB 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	T ROSE, RAE 4419 IXORA CIRCLE LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Christina Tapihi 4443 Rende Ln - Lake Worth, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D HOYT, DAVID 9569 KIRK RD LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Donna Jean FRAZIER, TAMENNA 509 URGUHART ST LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R RIVERA, DAMIAN 4704 MAINE ST LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R P LOFTEN, W RAYMOND P O BOX 5870 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R WEXEL MARTHA 4282 VERMONT AVENUE LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete	TITLE 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 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: <u>W. Raymond Loften</u> PRESIDENT			DATE <u>08 FEB 2006</u> DAYTIME PHONE # <u>561.649.9600</u>		