

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

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90016 026 ****61.25

DOCUMENT # N98000002800

1. Entity Name

LAKE WORTH WEST RESIDENT PLANNING GROUP, INC.



Principal Place of Business

4730 MAINE STREET
LAKE WORTH FL 33461

Mailing Address

4730 MAINE STREET
LAKE WORTH FL 33461

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

65-0838753

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

LOFTEN, W. RAYMOND
4730 MAINE STREET
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

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: T
NAME: ROSE, RAE
STREET ADDRESS: 4419 IXORA CIRCLE
CITY-ST-ZIP: LAKE WORTH FL 33461 ☐ Delete

TITLE: D
NAME: IRIS, BOYD J
STREET ADDRESS: 4820 VERMONT AVENUE
CITY-ST-ZIP: LAKE WORTH FL 33461 ☐ Delete

TITLE: S
NAME: FRAZIER, DONNA JEAN
STREET ADDRESS: 509 URGUHART ST
CITY-ST-ZIP: LAKE WORTH FL 33461 ☐ Delete

TITLE: VP
NAME: TAMIHI, CHRISTINA
STREET ADDRESS: 4443 RENDE LN
CITY-ST-ZIP: LAKE WORTH FL 33461 ☒ Delete

TITLE: P
NAME: LOFTEN, W. RAYMOND
STREET ADDRESS: P.O. BOX 5870
CITY-ST-ZIP: LAKE WORTH FL 33466 ☐ Delete

TITLE: ED
NAME: CLINTON, CAROL
STREET ADDRESS: 21346 GREEN HILL LANE
CITY-ST-ZIP: BOCA RATON FL 33428 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE: VP ☒ Change ☐ Addition
NAME: Heath Chute
STREET ADDRESS: P.O. Box 4321
CITY-ST-ZIP: Lakeworth, FL 33466

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

TITLE: ☐ Change ☐ 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: *Carol Clinton* CAROL CLINTON

1/29/08 561-649-9600