


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90020 044 \*\*\*\*70.00

<b>DOCUMENT # N98000004228</b>	
1. Entity Name <b>LAKERIDGE HARRISON ASSOCIATION, INC.</b>	

Principal Place of Business <b>121 LAKE RIDGE DR. PANAMA CITY, FL 32405 US</b>	Mailing Address <b>121 LAKE RIDGE DR. PANAMA CITY, FL 32405 US</b>
---	---



2. Principal Place of Business <b>121 LAKERIDGE DRIVE</b>	3. Mailing Address <b>121 LAKERIDGE DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02022005 Chg-NP CR2E037 (10/03)

City & State <b>PANAMA CITY, FL</b>	City & State <b>PANAMA CITY</b>
Zip <b>32405</b>	Zip <b>32405</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3557476</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
--

6. Name and Address of Current Registered Agent <b>CULLEN, RICHARD F 121 LAKERIDGE DR. PANAMA CITY, FL 32405</b>	
---	--

7. Name and Address of New Registered Agent	
Name <b>CULLEN, RICHARD F</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>121 LAKERIDGE DR.</b>	
City <b>PANAMA CITY FL</b>	Zip Code <b>32405</b>

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 **RICHARD F. CULLEN TREASURER** *Richard F. Cullen* **3/15/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CULLEN, MARGARET T 121 LAKE RIDGE DR. PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTHOLET, JOEL 100 LAKERIDGE DR PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. CULLEN, RICHARD 121 LAKERIDGE DR. PANAMA CITY, FL 32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, CHARLES 142 LAKERIDGE DR. PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCALLISTER, NICKIE 709 WILLIAMS AVE. PANAMA CITY, FL 32401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRGINIA, TEMPLE 133 LAKERIDGE DR. PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO DAVID, SID 328 LAKERIDGE DR. PANAMA CITY, FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELTON, NICK 3404 HARRISON AVE PANAMA CITY, FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO ELSNER, CHARLOTTE 218 LAKERIDGE DR. PANAMA CITY, FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, MALCOM 122 LAKERIDGE DR PANAMA CITY, FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETHRIDGE, BILLIE JO 135 LAKE RIDGE DR. PANAMA CITY, FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **RICHARD F. CULLEN** *Richard F. Cullen* **TREASURER** **3/15/05** **(850)784-0052**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #