2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State
02-16-2006 90056 030 ****70.00

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1. Entity Name
LAKERIDGE HARRISON ASSOCIATION, INC.

Principal Place of Business	Mailing Address
121 LAKERIDGE DR. PANAMA CITY, FL 32405 US	121 LAKERIDGE DR. PANAMA CITY, FL 32405 US

02142006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3557476 ☐ 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
CULLEN, RICHARD F 121 LAKERIDGE DR. PANAMA CITY, FL 32405	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

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVID, SID 228 LAKERIDGE DR PANAMA CITY, FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ETHRIDGE, BILLIE JO 135 LAKERIDGE, DRIVE PANAMA CITY FL. - 32405	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ELTON, NICK 3404 HARRISON AVE PANAMA CITY, FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ELTON NICK 3404 HARRISON AVE PANAMA CITY FL-32405	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CULLEN, RICHARD 121 LAKERIDGE DR. PANAMA CITY, FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CULLEN, RICHARD 121 LAKERIDGE DRIVE PANAMA CITY, FL 32405	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ELSNER, CHARLOTTE 218 LAKERIDGE DR PANAMA CITY, FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CUNNINGHAM, SARAH 3404 HARRISON AVE PANAMA CITY FL. 32405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCALLISTER, NICKIE 709 WILLIAMS AVE. PANAMA CITY, FL 32401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ARCHITECTURAL CHAIR FOWLER, JOHN 132 LAKERIDGE DRIVE PANAMA CITY FL. 32405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ETHRIDGE, BILLIE JO 135 LAKERIDGE PANAMA CITY, FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NOMINATING CHAIRMAN ARRINGTON, RAY 393 LAKERIDGE DRIVE PANAMA CITY, FL 32405	☐ Change ☒ Addition

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: Richard F. Cullen RICHARD F. CULLEN 2/14/06 (850)784-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — *Daytime Phone #