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

FILED
Feb 26, 2008 8:00 am
Secretary of State
02-26-2008 90001 041 ****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 change	121 LAKERIDGE DR. PANAMA CITY FL 32405 US change

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
LAKERIDGE HARRISON, ASS. INC.	218 LAKERIDGE DR.
Suite, Apt. #, etc.: 218 LAKERIDGE DR.	Suite, Apt. #, etc.:
City & State: PANAMA CITY, FL.	City & State: PANAMA CITY, FL.
Zip: 23405 Country: BAY	Zip: 32405 Country: BAY

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 CHARLOTTE L. ELSNER 218 LAKERIDGE DR. PANAMA CITY, FL. 32405	Name: CHARLOTTE L. ELSNER Street Address (P.O. Box Number is Not Acceptable): 218 LAKERIDGE DR. City: PANAMA CITY FL Zip Code: 32405

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: Charlotte L. Elsner 2-16-08
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVID, SIO 228 LAKERIDGE DR PANAMA CITY FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOE ROSIGNOLI 212 LAKERIDGE DR. PANAMA CITY, FL. 32405	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVIDENKO, STACY 220 LAKERIDGE DR PANAMA CITY FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JENNIFER HOLMGREN 3410 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	SECRETARY CAROL P. FOWLER 122 LAKERIDGE DR. PANAMA CITY, FL. 32405	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SPELL, GWYNELLE 226 LAKERIDGE DR PANAMA CITY FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ANN KNOWLES 128 LAKERIDGE DR. PANAMA CITY, FL. 32405	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AC FOWLER, JOHN 122 LAKERIDGE DR PANAMA CITY FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CON DAVIDENKO 220 LAKERIDGE DR. PANAMA CITY, FL. 32405	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NC ARRINGTON, RAY 203 LAKERIDGE DR PANAMA CITY FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CHARLOTTE L. ELSNER 218 LAKERIDGE DR. 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 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: Charlotte L. Elsner 2-16-2008 850-522-8208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR