

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002800

Entity Name: LAKE WORTH WEST RESIDENT PLANNING GROUP, INC.**Current Principal Place of Business:**4730 MAINE STREET
LAKE WORTH, FL 33461**Current Mailing Address:**4730 MAINE STREET
LAKE WORTH, FL 33461**FEI Number:** 65-0838753**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOFTEN, W. RAYMOND
4730 MAINE STREET
LAKE WORTH, FL 33461 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	ROSE, RAE
Address	4419 IXORA CIRCLE
City-State-Zip:	LAKE WORTH FL 33461

Title	VP
Name	RIVERA, DAMIAN
Address	4704 MAINE STREET
City-State-Zip:	LAKE WORTH FL 33461

Title	S
Name	FRAZIER, DONNA JEAN
Address	509 URQUHART ST
City-State-Zip:	LAKE WORTH FL 33461

Title	P
Name	LOFTEN, W. RAYMOND
Address	P.O. BOX 5870
City-State-Zip:	LAKE WORTH FL 33466

Title	ED
Name	CLINTON, CAROL
Address	21346 GREEN HILL LANE
City-State-Zip:	BOCA RATON FL 33428

Title	DIRECTOR
Name	GEORGES, DJERRY
Address	6710 FOREST HILL BLVD.
City-State-Zip:	GREENACRES FL 33413

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL CLINTON**EXECUTIVE DIRECTOR****03/05/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date