

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90158 050 \*\*\*\*61.25

**DOCUMENT # 723195**

1. Entity Name  
LAKES VILLAGE EAST CONDOMINIUM, INC



Principal Place of Business  
2605 SW 33RD ST  
BLDG 200  
OCALA, FL 34474 US

Mailing Address  
PO BOX 2495  
OCALA, FL 34478 US

20050201



02152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1442026

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KIRKPATRICK, KEN  
2605 SW 33 ST  
BLDG 200  
OCALA, FL 34471

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HOAG, ANNETTE  
622A MIDWAY DR  
OCALA, FL 34472

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WEAVER, ED  
662A MIDWAY DR  
OCALA, FL 34472

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BEANE, GIB  
664A MIDWAY DR  
OCALA, FL 34472

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FORD, JANE  
664B MIDWAY DR  
OCALA, FL 34472

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
HARRIGAN, DOROTHY  
674 B MIDWAY DR.  
OCALA, FL 34472

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Annette Hoag*

*Annette Hoag*

2/15/05 352/369-9881