

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90109 025 ****61.25

DOCUMENT # 734976

1. Entity Name

LAKE HOWARD TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

208 E LAKE HOWARD DRIVE
WINTER HAVEN FL 33881

208 E LAKE HOWARD DRIVE
WINTER HAVEN FL 33881

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1881821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EITNIER, URIAS
208 E. LAKE HOWARD DR. #403
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name **ISRAEL DUPONT**

Street Address (P.O. Box Number is Not Acceptable)
208 E LAKE HOWARD DR. #402

City **WINTER HAVEN**

FL

Zip Code **33881**

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

ISRAEL DUPONT, PRESIDENT

2-2-07

FILE NOW: FEE IS \$61.25

Due By May 1, 2007

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

TITLE **D** ☒ Delete
NAME **EITHNER, URAIS**
STREET ADDRESS **208 E LAKE HOWARD DR #403**
CITY- ST- ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☒ Delete
NAME **SHEILDS, DAN**
STREET ADDRESS **8075 COUNTY HWY. 58**
CITY- ST- ZIP **UPPER SANDUSKY OH 43351**

TITLE **D** ☐ Delete
NAME **EDWARDS, SHARON J**
STREET ADDRESS **208 E. LAKE HOWARD DR, #503**
CITY- ST- ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Delete
NAME **BREWER, NORMAN**
STREET ADDRESS **208 E LAKE HOWARD DR, # 202**
CITY- ST- ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Delete
NAME **BRAUN, CARROLL**
STREET ADDRESS **1663 LANGLEY DR**
CITY- ST- ZIP **HAGERSTOWN MD 21740**

TITLE **D** ☐ Delete
NAME **ISRAEL DUPONT**
STREET ADDRESS **208 E LAKE HOWARD DR. #402**
CITY- ST- ZIP **WINTER HAVEN, FL 33881**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **CHRISTINE CAMPBELL**
STREET ADDRESS **208 E LAKE HOWARD DR #102**
CITY- ST- ZIP **WINTER HAVEN, FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07

(863) 292-2236

Date

Daytime Phone #