

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90088 042 ****70.00

DOCUMENT # 763216

1. Entity Name

**HOMEOWNERS ASSOCIATION OF LAKE AND GOLF
ESTATES, INC.**



Principal Place of Business

**6809 WINSLOW DRIVE, NE
WINTER HAVEN FL 33881**

Mailing Address

**6809 WINSLOW DRIVE, NE
WINTER HAVEN FL 33881**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2189792

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

~~GRIFITH, BOY~~
~~6760 BRENTWOOD DR~~
~~WINTER HAVEN FL 33881~~

Name **CAROL STASIAK**

Street Address (P.O. Box Number is Not Acceptable)
6725 CANTERBURY DRIVE N.E.

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

Carol Stasiak

2-14-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when certifying)

DATE

**FILE NOW: 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

TITLE ☐ Delete
NAME **V STOKELL, GRANT**
STREET ADDRESS **6641 WESTCHESTER DR. NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☒ Delete
NAME **D WESTMAN, JOANNE**
STREET ADDRESS **6798 BRENTWOOD DR. NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Delete
NAME **T HATFIELD, JACK**
STREET ADDRESS **6719 CANTERBURY DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☒ Delete
NAME **S STASIAK, CAROL**
STREET ADDRESS **6725 CANTERBURY DR. NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Delete
NAME **P MORGANSTERN, MAX**
STREET ADDRESS **6634 PRINCETON DRIVE NORTHEAST**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Delete
NAME **D FORREST, BILL**
STREET ADDRESS **6643 WESTCHESTER DR.**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **S JACQUILINE WALLACE**
STREET ADDRESS **6624 WESTCHESTER DR N.E**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE ☐ Change ☒ Addition
NAME **D CHARLENE BECKLEY**
STREET ADDRESS **6728 CANTERBURY DR N.E.**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE ☐ Change ☒ Addition
NAME **D LEO JOHNS**
STREET ADDRESS **6646 PRINCETON DR. N.E.**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE ☐ Change ☒ Addition
NAME **D RICHARD BRUME**
STREET ADDRESS **6640 PRINCETON DR N.E.**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE ☐ Change ☒ Addition
NAME **D LAWRENCE SCHROEDER**
STREET ADDRESS **6668 BRIARHILL DR N.E**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

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:

Paul C. Davis

Treasurer

Feb 9, 2006

863-298-8361