


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90061 022 ****61.25

DOCUMENT # N00000003342					
1. Entity Name LAKE VICTORIA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 650 VICTORIA SQUARE LANE LAKELAND, FL 33813			Mailing Address 650 VICTORIA SQUARE LANE LAKELAND, FL 33813		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0739367	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANOBA, GREGORY A ESQ. 114 EAST EDGEWOOD DR LAKELAND, FL 33813			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, DARLENE		NAME	Jacqui Lamb	
STREET ADDRESS	5741 LAKE VICTORIA DR		STREET ADDRESS	5957 Lake Victoria Dr.	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLTER, ERIC		NAME	Gary Gertz	
STREET ADDRESS	5747 LK VICTORIA DR		STREET ADDRESS	5902 Lake Victoria Dr.	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABESTINAS, ROBERT		NAME		
STREET ADDRESS	5686 LK VICTORIA DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY-OVERSTREET, ALICE		NAME		
STREET ADDRESS	5759 LK VICTORIA DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCKENSMITH, WILLIAM R		NAME		
STREET ADDRESS	5771 LAKE VICTORIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Alice Ray-Overstreet</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>2-22-07</u> Daytime Phone #: <u>863-646-4654</u>	