2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N03909

1. Entity Name



FILED Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90142 022 ****70.00

LIONSGA	ATE HOMEOWNERS' ASSO	OCIATION, INC.						
1099 LIONSGATE LANE		Mailing Address 1099 LIONSGATE LANE GULF BREEZE, FL 32563		1 10 110 1 10 101	B 1940 1640 BANK BANK ON BURK I		1111	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112006 C	hg-NP CR2E037	(11/05)		
City & State		City & State		4. FEI Number 59-25430	75	Applied Not App		
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired K	8.75 Additiona se Required	al	
6. Name and Address of Current Registered Agent		Registered Agent	N	7. Name and Ad	dress of New Registered Ag	jent		
CORBIN (CLARENCE		Name					
CORBIN, CLARENCE 1071 LIONSGATE LN GULF BREEZE, FL 32563			Street Address		(P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code		
	a named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or both, in		i miliar with, and a	accept	
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SIGNATURE .								
0.0.0.	Signature, typed or printed name of registered agent	and title d applicable. (NOTE:	Registered Agent signet.	ure required when reinstating)	DATE			
	Signature, hyped or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make check j Florida Departn			
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make check p	nent of State		
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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 eath; 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 LOW LESS - LEASUREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>850-934=34</u>9 SIGNATURE: _