


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N03909					
1. Entity Name LIONSGATE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1099 LIONSGATE LANE GULF BREEZE, FL 32563		Mailing Address 1099 LIONSGATE LANE GULF BREEZE, FL 32563			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2543075	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORBIN, CLARENCE 1071 LIONSGATE LN GULF BREEZE, FL 32563			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, 2006		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 checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, MIKE		NAME	HORNE, LARRY	
STREET ADDRESS	1066 LIONSGATE LANE		STREET ADDRESS	1067 LIONSGATE LN	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLER, RICHARD		NAME	GREENFIELD, JOHN	
STREET ADDRESS	1181 LIONSGATE LANE		STREET ADDRESS	1050 LIONSGATE LN	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	P	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JIM		NAME	NELSON, JIM	
STREET ADDRESS	1082 LIONSGATE LANE		STREET ADDRESS	1082 LIONSGATE LN	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	T	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, CLARENCE		NAME	CORBIN, CLARENCE	
STREET ADDRESS	1071 LIONSGATE LANE		STREET ADDRESS	1071 LIONSGATE LN	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, ROBERT		NAME	DAVIES, ROBERT	
STREET ADDRESS	1062 LIONSGATE LN		STREET ADDRESS	1062 LIONSGATE LN.	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FADDIS, NOEL		NAME	KENDALL, JIM	
STREET ADDRESS	1075 LIONSGATE LANE		STREET ADDRESS	1090 LIONSGATE LN	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	GULF BREEZE, FL 32563	
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>Clarence Corbin - Treasurer/Agent</u> 4/11/06 850-934-349					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					