


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

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

1-5-7 \$70.00

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

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

CORBIN, CLARENCE
 1071 LIONSGATE LN
 GULF BREEZE, FL 32563

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10: OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNE, LARRY 1067 LIONSGATE LN GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENSFIELD, JOHN. 1050 LIONSGATE LN. GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, JIM 1082 LIONSGATE LANE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORBIN, CLARENCE 1071 LIONSGATE LANE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIES, ROBERT 1082 LIONSGATE LN GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL, JIM 1090 LIONGATES LN GULF BREEZE, FL 32563

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U00000581463
 01/10/07-80090-002 70.00

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: *Clarence Corbin* **CLARENCE CORBIN** 1-5-07 850-934-3219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #