


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90083 041 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2543075	
Zip		Country		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		10. \$5.00 May Be Added to Fees	
				11. Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORNE, LARRY		NAME	WILLIAM KONZELMAN	
STREET ADDRESS	1067 LIONSGATE LN		STREET ADDRESS	1097 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	GREENSFIELD, JOHN		NAME	JEAN DUNTZ	
STREET ADDRESS	1050 LIONSGATE LN		STREET ADDRESS	1136 LIONSGATE LN,	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JIM		NAME	JIM NELSON	
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	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, CLARENCE		NAME		
STREET ADDRESS	1071 LIONSGATE LANE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, ROBERT		NAME		
STREET ADDRESS	1062 LIONSGATE LN		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENDALL, JIM		NAME	BETTY DOUGLAS	
STREET ADDRESS	1090 LIONSGATE LN		STREET ADDRESS	1132 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</u>			Date: <u>Jan 9, 2008</u> 850-934-3219		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		