

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003158

FILED
Apr 24, 2007
Secretary of State

Entity Name: LAKERIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1074 SPRING LAKE SQUARE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

1074 SPRING LAKE SQUARE
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WENDEL, JOHN F
C/O WENDEL & CHRITTON, CHARTERED
SUITE 351, 255 EAST LEMON ST
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

LEGGETT, LAURA L
C/O CHAIN OF LAKES REALTY, INC.
1074 SPRING LAKE SQUARE
WINTER HAVEN, FL 33881 US

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.

SIGNATURE: LAURA LEGGETT

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WENDEL, JOHN F
Address: 1074 SPRING LAKE SQUARE
City-St-Zip: WINTER HAVEN, FL 33881

Title: VPSD () Delete
Name: LEGGETT, LAURA L
Address: 1074 SPRING LAKE SQUARE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: CHRITTON, CHARLES P
Address: SUITE 351, 225 EAST LEMON STREET
City-St-Zip: LAKELAND, FL 33801

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: BATTLE, JESSE IV
Address: 111 2ND AVENUE NE #1007
City-St-Zip: ST. PETERSBURG, FL 33701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: DREES, LISA
Address: 111 2ND AVENUE NE #1007
City-St-Zip: ST. PETERSBURG, FL 33701

Title: TREA () Change (X) Addition
Name: LEGGETT, LAURA L
Address: 1074 SPRING LAKE SQUARE
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA LEGGETT

VPSD

04/24/2007

Electronic Signature of Signing Officer or Director

Date