




# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90030 043 \*\*\*\*61.25

<b>DOCUMENT # N06000003158</b>					
<b>1. Entity Name</b> LAKERIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1074 SPRING LAKE SQUARE WINTER HAVEN, FL 33881			<b>Mailing Address</b> 1074 SPRING LAKE SQUARE WINTER HAVEN, FL 33881		
<b>2. Principal Place of Business - No P.O. Box #</b> 284 Ave A NW Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 383 Suite, Apt. #, etc.			
<b>City &amp; State</b> Winter Haven, FL		<b>City &amp; State</b> Winter Haven, FL		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b> 33880		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LEGGETT, LAURA L C/O CHAIN OF LAKES REALTY, INC. 1074 SPRING LAKE SQUARE WINTER HAVEN, FL 33881			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 284 Ave A NW City Winter Haven FL Zip Code 33880		
<b>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.</b>					
<b>SIGNATURE</b>  <b>President</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				<b>DATE</b> 2-28-08	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PTD <b>NAME</b> BATTLE, JESSE IV <b>STREET ADDRESS</b> 111 2ND AVENUE NE #1007 <b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete		<b>TITLE</b> PTD <b>NAME</b> Battle, Jesse IV <b>STREET ADDRESS</b> 6936 Mango Ave S. <b>CITY-ST-ZIP</b> St. Petersburg, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPSD <b>NAME</b> LEGGETT, LAURA L <b>STREET ADDRESS</b> 1074 SPRING LAKE SQUARE <b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		<b>TITLE</b> VPSD <b>NAME</b> Leggett, Laura L <b>STREET ADDRESS</b> 284 Ave A NW <b>CITY-ST-ZIP</b> Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SEC <b>NAME</b> DREES, LISA <b>STREET ADDRESS</b> 111 2ND AVENUE NE #1007 <b>CITY-ST-ZIP</b> ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete		<b>TITLE</b> SEC <b>NAME</b> Laura Leggett <b>STREET ADDRESS</b> 284 Ave A NW <b>CITY-ST-ZIP</b> Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TREA <b>NAME</b> LEGGETT, LAURA L <b>STREET ADDRESS</b> 1074 SPRING LAKE SQUARE <b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		<b>TITLE</b> TREA <b>NAME</b> Jesse Battle IV <b>STREET ADDRESS</b> 6936 Mango Ave S <b>CITY-ST-ZIP</b> St. Petersburg, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>  <b>President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>DATE</b> 2-28-08 <small>Daytime Phone #</small>	

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