

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90061 028 \*\*\*\*61.25

**DOCUMENT # N12030**

1. Entity Name

LAKES AT LEESBURG RESIDENTS ASSOCIATION, INC.



Principal Place of Business

107 BUCCANEER DRIVE  
LEESBURG FL 34788

Mailing Address

107 BUCCANEER DR  
LEESBURG FL 34788  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/06)

City & State

City & State

4. FEI Number

59-2623495

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARGER, LEWIS B  
20 BAYBERRY DRIVE  
LEESBURG FL 34788

Name

JOYCE M. ARNOLD

Street Address (P.O. Box Number is Not Acceptable)

66 LATTICE DR.

City

LEESBURG

FL

Zip Code

34788

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

*Joyce M. Arnold*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/20/06

DATE

**FILE NOW - FEE IS \$61.25**  
**Due By September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DICKSON, MARJORIE 21 LATTICE DRIVE LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BARGER, LEWIS B 20 BAYBERRY DRIVE LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP VOEHRINGER, RALPH 81 BUCCANEER DRIVE LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP OBERSTER, DEBI 82 SEA FERN DRIVE LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JENNINGS, NORMAN R 7 CEDAR KEY WAY LEESBURG FL 34788	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT MERRILL, CONRAD 151 SEA FERN DRIVE LEESBURG FL 34788	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D/T JOYCE M. ARNOLD 66 LATTICE DR. LEESBURG FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D/VP ETTA BRUNELL 25 SUGARBOAT DR. LEESBURG, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D/S DONALD MURCH 67 LATTICE DR LEESBURG FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DP JENNINGS, NORMAN R. 7 CEDAR KEY WAY LEESBURG FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D MERRILL, CONRAD 151 SEA FERN DR. LEESBURG FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Joyce M. Arnold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/06 (352) 728-6563

Date

Daytime Phone #