


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90048 049 ****61.25

DOCUMENT # N30884

1. Entity Name
LAKEFIELD NORTH AT WELLINGTON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414 US**

Mailing Address
**3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414 US**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02192007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0242589

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

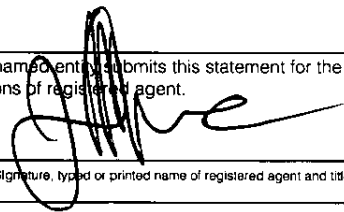
6. Name and Address of Current Registered Agent

NEWSOME, JOHN
3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named agent 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  **John Newsome** **2/20/07**

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

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

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	V GIBBONS, BOB 1863 S CLUB DR WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BILL 1821 S CLUB DR WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMALLEY, GERRY 1586 S CLUB DR WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEBB, SAM 1844 S CLUB DRIVE WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALIMAN, JASON 1721 LAKEFIELD N COURT WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WALT 1797 SOUTH CLUB DRIVE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Young, Rick 1598 S. Club D Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Bill 1821 S. Club Dr Wellington, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Messina, Jim 1580 S. Club Dr Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nebb, Sam 1844 S. Club Dr Wellington, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wenham, Jim 1680 Lakefield N Ct. Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hesser, Dale 1630 S. Club Dr Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" 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:  **Richard J Young** **2/21/07** **561-753-6238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #