


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90007 028 \*\*\*\*61.25

<b>DOCUMENT # N30884</b>			
1. Entity Name <b>LAKEFIELD NORTH AT WELLINGTON HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414 US</b>		Mailing Address <b>3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
4. FEI Number <b>65-0242589</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



02202008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>NEWSOME, JOHN 3461-B FAIRLANE FARMS ROAD WELLINGTON, FL 33414</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GIBBONS, BOB</b>		NAME		
STREET ADDRESS	<b>1863 S CLUB DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SMITH, BILL</b>		NAME		
STREET ADDRESS	<b>1821 S CLUB DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MESSINA, JIM</b>		NAME		
STREET ADDRESS	<b>1580 S CLUB DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>		CITY-ST-ZIP		
TITLE	<b>S D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>NEBB, SAM</b>		NAME		
STREET ADDRESS	<b>1844 S CLUB DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>		CITY-ST-ZIP		
TITLE	<b>S S</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WENHAM, JIM</b>		NAME		
STREET ADDRESS	<b>1680 LAKEFIELD N CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>		CITY-ST-ZIP		
TITLE	<b>S VP</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HESSER, DALE</b>		NAME		
STREET ADDRESS	<b>1630 S CLUB DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>		CITY-ST-ZIP		

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: Bob Gibbons 2/23/08 561.798.0032  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #