


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N42181  
 1. Entity Name  
 LADY LAKE CEMETERY ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 POST OFFICE BOX 1677      POST OFFICE BOX 1677  
 LADY LAKE, FL 32159      LADY LAKE, FL 32159

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
 59-2152325      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ANDERSON, PAUL S.  
 2625 GRIFFINVIEW DR.  
 LADY LAKE, FL 32159

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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 reappointing)      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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, GARY E.
STREET ADDRESS	201 EAST LADYLAKE BLVD
CITY - ST - ZIP	LADY LAKE, FL
TITLE	D
NAME	MORRIS, DONNA
STREET ADDRESS	2713 GRIFFIN AVE.
CITY - ST - ZIP	LADY LAKE, FL
TITLE	D
NAME	BAILEY, PATRICIA
STREET ADDRESS	39430 GRNYS AIRPORT ROAD
CITY - ST - ZIP	LADY LAKE, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000593186  
 01/22/07-80021-017 61.25

**DO NOT WRITE IN THIS SPACE**

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 of 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: Paul S. Anderson      Paul S. Anderson      1/16/07      352-753-4532  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #