


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45731**

1. Entity Name  
**LINDALE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

158 LINDALE STREET      158 LINDALE STREET  
 LAKELAND, FL 33809      LAKELAND, FL 33809



02082004 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3221241**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WHEELER, MATTHEW F**  
**158 LINDALE STREET**  
**LAKELAND, FL 33809**

**DO NOT WRITE IN THIS SPACE**

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: *Matthew F. Wheeler*      DATE: 2/9/04

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHEELER, MATTHEW F
STREET ADDRESS	158 LINDALE STREET
CITY - ST - ZIP	LAKELAND, FL 33809
TITLE	VD
NAME	HEWITT, DAVID M
STREET ADDRESS	233 LINDALE STREET
CITY - ST - ZIP	LAKELAND, FL 33809
TITLE	TSD
NAME	HOLCOMB, THERESA
STREET ADDRESS	102 LINDALE STREET
CITY - ST - ZIP	LAKELAND, FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000054455  
 02/16/04-80173-003 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Matthew F. Wheeler, President*      DATE: 2/9/04      PHONE: 863-284-1559

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

*Lindale Estates Property*  
*HOA*