


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90010 015 ****61.25

DOCUMENT # N45731					
1. Entity Name LINDALE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 158 LINDALE STREET LAKELAND FL 33809		Mailing Address 158 LINDALE STREET LAKELAND FL 33809			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3221241	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent WHEELER, MATTHEW F 158 LINDALE STREET LAKELAND FL 33809			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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, MATTHEW F		NAME		
STREET ADDRESS	158 LINDALE STREET		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND FL 33809		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, DAVID M		NAME		
STREET ADDRESS	233 LINDALE STREET		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND FL 33809		CITY - ST - ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGH, CAROLYN		NAME	LEE, CAROLYN	
STREET ADDRESS	PO BOX 5905		STREET ADDRESS	P.O. BOX 3909	
CITY - ST - ZIP	LAKELAND FL 33807		CITY - ST - ZIP	WINTER HAVEN, FL 33885	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEWETT, KEVIN		NAME		
STREET ADDRESS	151 LINDALE ST		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND FL 33809		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Matthew F. Wheeler* Date: 2/5/07 Daytime Phone #: 863-284-1559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR