


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90018 033 ****61.25

DOCUMENT # N93000003345

1. Entity Name
LAKE PIERCE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
5070 LAKE PIERCE DRIVE
LAKE WALES, FL 33898 US

Mailing Address
5070 LAKE PIERCE DRIVE
LAKE WALES, FL 33898 US

50000618



2. Principal Place of Business
 Suite, Apt. #, etc.

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

02232006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country

4. FEI Number
59-3211355

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZO, JIM -
5070 LAKE PIERCE DRIVE
LAKE WALES, FL 33898

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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	SD PITTS, THEODORE R 4980 LAKE PIERCE DR. LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACCALLUM, DUNCAN 5040 LAKE PIERCE DR LAKE WALES, FL 33853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRAZO, JIM 5070 LAKE PIERCE DRIVE LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REEVES, FAYE 4979 LAKE PIERCE DRIVE LAKE WALES, FL 33898	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALKENHOFF, JACK 5063 LAKE PIERCE DR. LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, MAUREEN 5080 LAKE PIERCE DRIVE LAKE WALES, FL 33898	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRAZO, JIM 5070 LAKE PIERCE DRIVE LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKERSON, MAUREEN 5080 LAKE PIERCE DRIVE LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'BRYANT, TRAVIS 4981 LAKE PIERCE DRIVE LAKE WALES, FL 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKS, RAYMON 5030 LAKE PIERCE DRIVE LAKE WALES, FL 33898	<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: Jim Frazo **Jim FRAZO** **Feb. 24 2006** **863-438-8885**

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