



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90022 008 \*\*\*\*61.25

<b>DOCUMENT # N93000003345</b>					
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		
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 59-3211355	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRAZO, JIM 5070 LAKE PIERCE DRIVE LAKE WALES, FL 33898			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZO, JIM		NAME	FRAZO, Jim	
STREET ADDRESS	5070 LAKE PIERCE DR		STREET ADDRESS	5070 Lake Pierce Drive	
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACCALLUM, DUNCAN		NAME	FORREST, JEFF	
STREET ADDRESS	5040 LAKE PIERCE DR		STREET ADDRESS	5000 Lake Pierce Drive	
CITY-ST-ZIP	LAKE WALES, FL 33853		CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKERSON, MAUREEN		NAME	RAKHMATULLIN, AYDAR	
STREET ADDRESS	5080 LAKE PIERCE DR		STREET ADDRESS	2719 Lake Pierce Drive	
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, FAYE		NAME		
STREET ADDRESS	4979 LAKE PIERCE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'BRYON, TRAVIS T		NAME	O'BRYANT, METTA	
STREET ADDRESS	4981 LAKE PIERCE DR		STREET ADDRESS	4981 Lake Pierce Drive	
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, SANDY		NAME	SHIELDS, SANDY	
STREET ADDRESS	4985 LANE PIERCE DRIVE		STREET ADDRESS	4985 Lake Pierce Drive	
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP	LAKE WALES FL 33898	
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		1/24/08 (863)438-8885	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	