
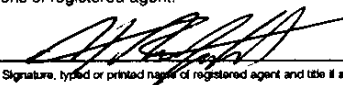
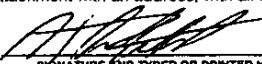


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90067 025 \*\*\*\*61.25

<b>DOCUMENT # N03000009994</b> 1. Entity Name <b>LAKE WILSON PRESERVE HOME OWNERS ASSOCIATION A NOT FOR PROFIT CORPORATION</b>					
Principal Place of Business <b>8297 CHAMPIONS GATE BLVD #517 CHAMPIONS GATE, FL 33896</b>			Mailing Address <b>8297 CHAMPIONS GATE BLVD #517 CHAMPIONS GATE, FL 33896</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>	
City & State Zip      Country		City & State Zip      Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHREIER, DAVID 1597 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952</b>				7. Name and Address of New Registered Agent Name <b>MANSFIELD, ANTHONY</b> Street Address (P.O. Box Number is Not Acceptable) <b>223 CARDINAL COURT</b> <b>CHAMPIONS GATE</b> City <b>DAVENPORT</b> FL Zip Code <b>33896</b>	
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  <b>ANTHONY MANSFIELD</b> <b>17 MARCH 2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MANSFIELD, ANTHONY</b> <b>8297 CHAMPIONS GATE BLVD #517</b> <b>CHAMPIONS GATE, FL 33896</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>KALSI, GURMIT</b> <b>8297 CHAMPIONS GATE BLVD #517</b> <b>CHAMPIONS GATE, FL 33896</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>TRICKELBANK, PETER</b> <b>8297 CHAMPIONS GATE BLVD #517</b> <b>CHAMPIONS GATE, FL 33896</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANSFIELD, ANTHONY</b> <b>1597 SE PORT ST LUCIE BLVD</b> <b>PORT ST LUCIE, FL 34952</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KALSI, GURMIT</b> <b>1597 SE PORT ST LUCIE BLVD</b> <b>PORT ST LUCIE, FL 34952</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:  <b>ANTHONY MANSFIELD</b> <b>17 MARCH 07</b> <b>865 242 3912</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					