## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # N0300009994  1. Entity Name LAKE WILSON PRESERVE HOME OWNERS ASSOCIATION A NOT FOR PROFIT CORPORATION								)7 90067 025 ****		
	e of Business PIONS GATE BLVD #517 GATE, FL 33896		ing Address 97 Champions Gate BLVD #517 Ampions Gate, FL 33896			<b>4</b> θ0-2				
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address	Mailing Address				<b> </b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03172007	Chg-NP	CR2E037 (12/06)			
City & State		City & State				4. FEI Numbe NOT AP	PLICABLE	<del></del>	pplied For ot Applicable	
Zip	Country	Zip	Cour	ntry		5. Certificate	of Status Desired	S8.75 Ad Fee Require		
	6. Name and Address of Current Re	gistered Agent				7. Name and	Address of New	Registered Agent		
SCHREIEF	R. DAVID		L	Name		ANSFIEL		NTHONY		
1597 SE P	ORT ST LUCIE BLVD			Street Address (P.O. Box Number is Nof Acceptable)						
PORT ST	_UCIE, FL 34952		Ì	CHAMPIONS GATE						
				City	) AV	ENPOR	T	FL Zip Co	रैं ६९६	
	named entity submits this statement for thions of registered agent.				register	ed agent, or bot				
SIGNATURE .	Signature, typed or printed rages of registered agent and	ANTH			NSE.			17 MARCH	w.	
	Signature, typed or presad region of regione displace and	tible il applicable. (NOTE:	: Registered	Agent signatu	re required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Fi	nancing	ure required	\$5.00 May B Added to Fees	le F1	Make check payable orida Department of S		
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Fi	nancing		\$5.00 May B Added to Fees	FI		State	
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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: ANTHONY	JANSFIEZD	17 MARCH 07	865 242 3	3912
SIGNATURE KIND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dete	Daytime Phone #	