

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002069

FILED
Apr 04, 2007
Secretary of State

Entity Name: LAKE BUTLER SOUND COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3701498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERK, JIM
Address: 6126 KIRKSTONE LN
City-St-Zip: WINDERMERE, FL 34786

Title: VPD () Delete
Name: KATZ, JOHNATHAN
Address: 6233 RYDAL CT
City-St-Zip: WINDERMERE, FL 34786

Title: STD () Delete
Name: DOBBS, KRISTINE
Address: 11150 BRIDGE HOUSE RD
City-St-Zip: WINDERMERE, FL 34786

Title: D (X) Delete
Name: RIAL, JONES
Address: 833 N MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: SAMUELS, JOSEPH
Address: 11044 HAWKSHEAD CT
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KATZ, JONATHAN
Address: 6233 RYDAL CT
City-St-Zip: WINDERMERE, FL 34786

Title: VPD (X) Change () Addition
Name: JONES, RIAL
Address: 833 N MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Change () Addition
Name: DOBBS, KRISTINE
Address: 11150 BRIDGE HOUSE RD
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SAMUELS, JOSEPH JR
Address: 11044 HAWKSHEAD CT
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN KATZ

PD

04/04/2007

Electronic Signature of Signing Officer or Director

Date