

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45731

**FILED**  
**Feb 05, 2013**  
**Secretary of State**  
**CC8765629651**

**Entity Name:** LINDALE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2401 STATE ROAD  
LAKE ALFRED, FL 33850

**Current Mailing Address:**

2401 STATE ROAD  
LAKE ALFRED, FL 33850

**FEI Number:** 59-3221241

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEE, CAROLYN  
2401 STATE ROAD  
LAKE ALFRED, FL 33850 US

*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

**Officer/Director Detail :**

Title PD  
Name WHEELER, MATTHEW  
Address 158 LINDALE STREET  
City-State-Zip: LAKELAND FL 33809

Title TSD  
Name LEE, CAROLYN  
Address 2401 STATE ROAD  
City-State-Zip: LAKE ALFRED FL 33850

Title VP  
Name OSGOOD, DEBORAH  
Address 103 LINDALE STREET  
City-State-Zip: LAKELAND FL 33809

*I hereby 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 all other like empowered.*

**SIGNATURE:** CAROLYN A. LEE

TSD

02/05/2013

Electronic Signature of Signing Officer/Director Detail

Date