


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90081 032 ***150.00

DOCUMENT # 424311
 1. Entity Name
LAKE MANOR PROPERTIES, INC.



Principal Place of Business: **13827 S INDIAN RIVER DRIVE #71
 JENSEN BEACH, FL 34957-2241**
 Mailing Address: **1111 SE FEDERAL HWY
 STE 100
 STUART, FL 34994**



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc. City & State

City & State

Zip Country Zip Country

01082007 Chg-P CR2E034 (12/06)
 4. FEI Number **59-1449330** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FORTE, LORRAINE
1111 SE FEDERAL HWY
STE 100
STUART, FL 34994

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIPER, WES 13827 S INDIAN RIVER DR #58 JENSEN BEACH, FL 34959 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANTON, ROSS 13827 S INDIAN RIVER DR #17 JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDRIDGE, HENRY 13827 S INDIAN RIVER DR #20 JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING-PARRY, RONA 13827 S INDIAN RIVER DR 7 JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARKER, DORA 13827 S INDIAN RIVER DR 62 JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN CURA, EMIL 13827 S. INDIAN RIVER DR. #26 JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWN, BRUCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13827 S. Indian River Drive #18 Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIEGMAN, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13827 S. Indian River Drive #28 Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDERS, BARBARA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13827 S. Indian River Dr. #8 Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: Emil Van Cura Pres. **03-02-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #