


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90028 005 \*\*\*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 #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01162008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-1449330**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, BRUCE			NAME			
STREET ADDRESS	13827 S. INDIAN RIVER DRIVE #18			STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH, FL 34957			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIEGMAN, ROBERT			NAME			
STREET ADDRESS	13827 S. INDIAN RIVER DRIVE #28			STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH, FL 34957			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ANDERS, BARBARA			NAME	ANDERSON, JAMES		
STREET ADDRESS	13827 S. INDIAN RIVER DR #8			STREET ADDRESS	19827 S. INDIAN RIVER DR #50		
CITY-ST-ZIP	JENSEN BEACH, FL 34957			CITY-ST-ZIP	JENSEN BEACH, FL 34957		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KING-PARRY, RONA			NAME	ROONS, JEAN		
STREET ADDRESS	13827 S INDIAN RIVER DR 7			STREET ADDRESS	13827 S. INDIAN RIVER DR #15		
CITY-ST-ZIP	JENSEN BEACH, FL 34957			CITY-ST-ZIP	JENSEN BEACH, FL 34957		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARKER, DORA			NAME			
STREET ADDRESS	13827 S INDIAN RIVER DR 62			STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH, FL 34957			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN CURA, EMIL			NAME			
STREET ADDRESS	13827 S. INDIAN RIVER DR. #26			STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH, FL 34957			CITY-ST-ZIP			

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: *R. Anders* **TREASURER** 1-28-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

D  
Absten, Danny  
19827 S. Indian Ave. Dr # 31  
Jensen Beach, FL 34957

Absten

# 40015122  
424311