


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90025 039 ****61.25

DOCUMENT # 706268 1. Entity Name LAKE OSBORNE ESTATES CIVIC ASSOCIATION, INC.					
Principal Place of Business 1510 HIGH RIDGE RD LAKE WORTH FL 33461 US			Mailing Address P O BOX 6014 LAKE WORTH FL 33466 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-9619746	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POUNCEY, ROBERT C 1513 SHIRLEY COURT LAKE WORTH FL 33461			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	PDS POUNCEY, ROBERT C 1513 SHIRLEY COURT LAKE WORTH FL 33461	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD MARTINEZ, NICOLE 1315 LAKE ERIE DRIVE LAKE WORTH FL 33461	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD POBLE, LAURA 1408 CREST DRIVE LAKE WORTH FL 33461	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DCT SILVER, LAWRENCE B 5356 LAKE OSBORNE DRIVE LAKE WORTH FL 33461	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D MAULE, DONALD 1412 LAKE ONTARIO DRIVE LAKE WORTH FL 33461	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BALLARD, JERRY 1610 CREST DRIVE LAKE WORTH FL 33461	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Donald E. Maule* **DONALD E. MAULE** 2-13-07 561-586-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #