

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 707442**

1. Entity Name  
 LAKE BERESFORD WATER ASSOCIATION INC



Principal Place of Business  
 2676 FLOWING WELL ROAD  
 DELAND, FL 32720

Mailing Address  
 PO BOX 527  
 DELAND, FL 32721-7527



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1061300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WHITE, DEBORAH P.  
 2676 FLOWING WELL RD  
 DELAND, FL 32720

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	VP WILSON, ROBERT 2657 FLOWING WELL ROAD DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANE, STEPHEN 2301 RIVER RIDGE RD. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, J.D. 2201 HONTOON RD. DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITE, DEBORAH 2676 FLOWING WELL RD. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROEPKE, VICTOR RT 6, 2237 RIVER RIDGE DELAND, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000598795  
 01/25/07-80001-007 61.25

**DO NOT WRITE IN THIS SPACE**

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 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:** *Deborah White* **1/17/07** **3867380066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #