

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90068 035 \*\*\*\*61.25

**DOCUMENT # 708169**

1. Entity Name  
LAKE KEEN COMMUNITY ASSOCIATION, INC.



Principal Place of Business  
18620 YOCAM AVENUE  
LUTZ, FL 33549

Mailing Address  
P.O. BOX 2544  
LUTZ, FL 33548

00016910



02032006 Chg-NP CR2E037 (11/05)

4. FEI Number  
78-1693922

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

VILLEGAS, DAVID  
18610 LAKESHORE DRIVE  
LUTZ, FL 33549

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

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
ST  
FOWLER, CHARLOTTE  
922 HILLSIDE DR  
LUTZ, FL 33549 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addit

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
VILLEGAS, DAVID  
18610 LAKESHORE DRIVE  
LUTZ, FL 33549 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addit

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
FORTUNATO, MIKE  
18612 LAKESHORE DRIVE  
LUTZ, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Hackell, Ralph  
18820 Tracer DR.  
Lutz, Fla. 33549 ☒ Change ☐ Addit

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HACKELL, RALPH  
18820 TRACER DR.  
LUTZ, FL 33549 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Glenn & Judith Alvarez  
18708 Hamilton  
Lutz, Florida 33549 ☒ Change ☐ Addit

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TROUGHTON, WILLIAM  
18723 YOCAM  
LUTZ, FL 33549 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Sean & Elizabeth Hessel  
18710 Hamilton  
Lutz, Florida 33549 ☒ Change ☐ Addit

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addit

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 changed, or on an attachment with an address, with all other like empowered.