

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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



01172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
78-1693922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VILLEGAS, DAVID
18610 LAKESHORE DRIVE
LUTZ, FL 33549

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	FOWLER, CHARLOTTE
STREET ADDRESS	922 HILLSIDE DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	P
NAME	VILLEGAS, DAVID
STREET ADDRESS	18610 LAKESHORE DRIVE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VP
NAME	TROUGHTON, WILLIAM
STREET ADDRESS	18723 YOCAME AVE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/08-80073-018 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 changed, or on an attachment with an address, with all other like empowered.