

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709146

FILED  
Feb 22, 2006  
Secretary of State

**Entity Name:** LAKE PANASOFFKEE WATER ASSOCIATION, INC.

**Current Principal Place of Business:**

1165 CR 465  
LAKE PANASOFFKEE, FL 335389719 US

**New Principal Place of Business:**

**Current Mailing Address:**

1165 CR 465  
LAKE PANASOFFKEE, FL 335389719 US

**New Mailing Address:**

**FEI Number:** 59-1236062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MERRITT, JOEL  
2272 NW 16TH WAY  
LAKE PANASOFFKEE, FL 33538 US

**Name and Address of New Registered Agent:**

MERRITT, JOEL  
2272 CR436E  
LAKE PANASOFFKEE, FL 33538 US

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.

SIGNATURE:

02/22/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PABST, ALBERT  
Address: 980 CR 482B  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: DST ( ) Delete  
Name: ELLIOTT, GENE  
Address: 1061 CR452  
City-St-Zip: LK. PANASOFFKEE, FL 33538

Title: DP ( ) Delete  
Name: MERRITT, JOEL  
Address: 3119 CR431  
City-St-Zip: LK. PANASOFFKEE, FL 33538

Title: D ( ) Delete  
Name: HUBBARD, WILLIAM  
Address: 1127 CR 437  
City-St-Zip: LK. PANASOFFKEE, FL 33538

Title: DVP ( ) Delete  
Name: WEBER, MARK  
Address: 4069 CR400  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D ( ) Delete  
Name: NORRIS, ROBERT  
Address: 1070 CR 439  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: MERRITT, JOEL  
Address: 2272 CR436E  
City-St-Zip: LK. PANASOFFKEE, FL 33538

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL MERRITT

D/P

02/22/2006

Electronic Signature of Signing Officer or Director

Date