


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

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90090 039 \*\*\*\*70.00

<b>DOCUMENT # 711953</b> 1. Entity Name LAKEPORT WATER ASSOCIATION, INC.	
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Principal Place of Business 10055 RED BARN RD. NW MOORE HAVEN, FL 33471 US	Mailing Address 10055 RED BARN RD NW MOORE HAVEN, FL 33471 US
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**DO NOT WRITE IN THIS SPACE**

01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1215433	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

USSERY, JEFF  
9515 TED BECK ROAD  
MOORE HAVEN, FL 33471

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BECK, PAUL 360 ALLIGATOR RD NW MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T JERRY PEAHEY 24354 COPELAND DRYMOND ROAD MOORE HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, SAM 9520 JERDIK DRIVE NW MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGDEN, BILL 10440 SUDOL LN NW MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, NEAL 11560 AIRPORT ROAD MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #