

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718204

FILED
Mar 09, 2006
Secretary of State

Entity Name: LAKE COMO WATER ASSOCIATION, INC.

Current Principal Place of Business:

PALMER STREET
P.O.BOX 102
LAKE COMO, FL 321570102

New Principal Place of Business:

Current Mailing Address:

PALMER STREET
P.O.BOX 102
LAKE COMO, FL 321570102

New Mailing Address:

FEI Number: 59-1399304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, LARRY
1862 ONTARIO CT
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

BODEN, JENNIFER R
146 EUCLID AVE
LAKE COMO, FL 32157 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: JENNIFER R BODEN

03/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRIDGE, EDMUND
Address: P.O. BOX 101 VALE
City-St-Zip: LAKE COMO, FL 32157 US

Title: VP () Delete
Name: BRIANT, ROBERT
Address: 416 HUNTINGTON SHORTCUT
City-St-Zip: LAKE COMO, FL 32157 US

Title: ST () Delete
Name: SAYLER, ROBERT
Address: 249 TAYLOR FURY
City-St-Zip: LAKE COMO, FL 32157 US

Title: D () Delete
Name: GALLOWAY, HOWARD
Address: 215 TAYLOR FURY
City-St-Zip: LAKE COMO, FL 32157 US

Title: D () Delete
Name: GALLOWAY, BARBARA
Address: 215 TAYLOR FURY
City-St-Zip: LAKE COMO, FL 32157

Title: D () Delete
Name: TREAT, ROBERT
Address: 128 PRIOR
City-St-Zip: LAKE COMO, FL 32157 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TREA (X) Change () Addition
Name: SAYLER, ROBERT
Address: 249 TAYLOR FURY
City-St-Zip: LAKE COMO, FL 32157 US

Title: SEC (X) Change () Addition
Name: TAYLOR, RUTH
Address: 242 TAYLOR FURY
City-St-Zip: LAKE COMO, FL 32157 US

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: EDMUND CRIDGE

PRES

03/09/2006

Electronic Signature of Signing Officer or Director

Date