

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90017 010 \*\*\*\*61.25

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # 718483</b><br>1. Entity Name<br><b>LAKE &amp; FOREST CLUB PROPERTY OWNERS ASSOCIATION, INC.</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>1730 SE 164TH CIRCLE<br/>OCKLAWAHA, FL 32179 US</b>   |   |   | Mailing Address<br><b>1768 SE 162 TERRACE<br/>OCKLAWAHA, FL 32179 US</b>  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>16296 SE 17th St.</b><br>Suite, Apt. #, etc.               |   |   |  |
| City & State<br><b>Ocklawaha FL</b>   |   | 4. FEI Number<br><b>23-7357235</b>  |   |   |  |
| Zip<br><b>32179</b>   |   | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HERRERA, MARY BETTY<br/>1714 SE 164TH CIRCLE<br/>OCKLAWAHA, FL 32179</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |   |   |  |
| <b>Filing Fee Is \$61.25<br/>Due by May 1, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |   |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HINKSON, JESSAMINE<br>1859 SW 161 COURT<br>OCKLAWAHA, FL 32179         | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>HINKSON, JESSAMINE<br>1859 SW 161 SE Court<br>Ocklawaha FL 32179                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>HERRERA, MARY BETTY<br>1714 SE 164TH CIRCLE<br>OCKLAWAHA, FL          | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>HERRERA, MARY BETTY<br>1714 SE 164th Circle<br>Ocklawaha FL 32179                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>TAKACS, ERIKA<br>16095 SW 14 STREET<br>OCKLAWAHA, FL 32179            | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>JACK WILSON<br>16185 SE 17th Street<br>Ocklawaha FL 32179                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>DOUCETT, ROBIN<br>1768 SE 162 TERRACE<br>OCKLAWAHA, FL 32179          | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>RUTH DUSAN<br>16296 SE 17th Street<br>Ocklawaha FL 32179                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HALL, ROBERT<br>16215 SE 17 STREET<br>OCKLAWAHA, FL 32179              | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>NAN MORRISON<br>1717 SE 164th Circle<br>Ocklawaha FL 32179                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>BROOKSHIER, DELORES A<br>16365 S.E. 16TH PLACE<br>OCKLAWAHA, FL 32179 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Ed O'MEARA<br>16376 SE 17th Street<br>Ocklawaha FL 32179                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |   |   |   |   |  |
| <b>SIGNATURE: <u>Ruth Dusan</u> RUTH DUSAN      1-28-05      352-625-9580</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>   |   |   |   |   |  |