

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 10, 2006 8:00 am
Secretary of State**

03-10-2006 90013 046 ****61.25

DOCUMENT # 718483



1. Entity Name
**LAKE & FOREST CLUB PROPERTY OWNERS
ASSOCIATION, INC.**

Principal Place of Business
**1730 SE 164TH CIRCLE
OCKLAWAHIA, FL 32179 US**

Mailing Address
**16296 SE 17TH ST.
OCKLAWAHIA, FL 32179 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02022006 Chg-NP CR2E037 (11/05)

Zip

Country

Zip

Country

4. FEI Number
23-7357235

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRERA, MARY BETTY
1714 SE 164TH CIRCLE
OCKLAWAHIA, FL 32179**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | | |
|--|---|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HINKSON, JESSAMINE 1859 SW 161 COURT OCKLAWAHIA, FL 32179 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HERRERA, MARY BETTY 1714 SE 164TH CIRCLE OCKLAWAHIA, FL 32179 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILSON, JACK 16185 SE 17TH STREET OCKLAWAHIA, FL 32179 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DUSAN, RUTH 16296 SE 17TH STREET OCKLAWAHIA, FL 32179 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORRISON, NAN 1717 SE 164TH CIRCLE OCKLAWAHIA, FL 32179 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DENNIS BAKER 16188 SE 17th street Ocklawaha FL 32179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'MEARA, ED 16376 SE 17TH STREET OCKLAWAHIA, FL 32179 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BILL PETTY 16320 SE 16th Place 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 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: Ruth Dusan RUTH DUSAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-06 352-625-9580

Date

Daytime Phone