

2008
~~2007~~ **NOT-FOR-PROFIT CORPORATION**
ANNUAL REPORT

FILED
08 JAN 30 AM 11:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718483 1. Entity Name LAKE & FOREST CLUB PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1730 SE 164TH CIRCLE OCKLAWAHA, FL 32179 US			Mailing Address 16179 SE 15 STREET OCKLAWAHA, FL 32179 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16320 SE 16 PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State OCKLAWAHA, FL.		4. FEI Number 23-7357235	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 32179		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRERA, MARY BETTY 1714 SE 164TH CIRCLE OCKLAWAHA, FL 32179			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 OCKLAWAHA, FL 32179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100117609971 02/08/08--01023--006 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRERA, MARY BETTY 1714 SE 164TH CIRCLE OCKLAWAHA, FL 32179	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHIL CHRISMAN - VD 1394 S.E. 162 COURT OCKLAWAHA, FL. 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, JACK 16185 SE 17TH STREET OCKLAWAHA, FL 32179	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED O'NEARA - PD 16376 SE 17 ST. OCKLAWAHA, FL. 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRUSE, CAROLYN 16179 SE 15 STREET OCKLAWAHA, FL 32179	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA PETTY - TD 16320 S.E. 16 PLACE OCKLAWAHA, FL. 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, DENNIS 16188 SE 17TH ST OCKLAWAHA, FL 32179	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERRY COURNEYA - D 16120 S.E. 17 ST. OCKLAWAHA, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTY, BILL 16320 SE 16TH PL OCKLAWAHA, FL 32179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100117609971 02/08/08--01023--007 **\$8.75
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: <i>Linda Petty</i>			1-23-08 352-625-2535		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		