


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90014 020 \*\*\*\*61.25

<b>DOCUMENT # 722910</b> 1. Entity Name <b>LAKE BREEZE HOMEOWNERS ASSOCIATION, INC</b>					
Principal Place of Business <b>2600-A LUCERNE DR. TALLAHASSEE, FL 32303</b>				Mailing Address <b>2600-A LUCERNE DR. TALLAHASSEE, FL 32303</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MCCHAREN, LEALAND L 2716 LUCERNE DR TALLAHASSEE, FL 32303</b>				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;"> <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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINDSTAM, KATHY</b> <b>2620 NEUCHATEL DR</b> <b>TALLAHASSEE, FL 32303</b> <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	<b>D</b> <b>MARTIN, JACK</b> <b>2601 NEUCHATEL DR</b> <b>TALLAHASSEE, FL 32303</b> <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	<b>D</b> <b>TEMKIN, JAMES</b> <b>2713 NEUCHATEL DR.</b> <b>TALLAHASSEE, FL 32303</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Sherri Martin</b> <b>2601 Neuchatel Dr.</b> <b>Tallahassee FL 32303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MCCHAREN, KATHLEEN</b> <b>2716 LUCERNE DR</b> <b>TALLAHASSEE, FL 32303</b> <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	<b>D</b> <b>WRIGHT, JUNE</b> <b>2605 LUCERNE DR.</b> <b>TALLAHASSEE, FL 32303</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D David Johnson</b> <b>2616 Neuchatel Dr</b> <b>Tallahassee FL 32303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WALKER, LEE ANNE</b> <b>2740 LUCERNA DR</b> <b>TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.					
<b>SIGNATURE:</b> <u>Kathleen O'M'charen Kathleen O. M'charen 3/11/07 487-8273</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					