2007 NOT-FOR-PROFIT COMPORATION ANNUAL REPORT

DOCUMENT #722910



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

LAKE BREEZE HOMEOWNERS ASSOCIATION, INC								03-13-2007	7 90014 02	0 ****6.	1.25	
2600-A LUCERNE DR. 2600			ng Address 10-A LUCERNE DR. LAHASSEE, FL 32303				CERONIA SECULO	I TRI IO I TOTO O LOGICO CONTIL OC		rien fran âlâr	ai n n n a	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mai	ing Address	•							
Suite, Apt. #, etc. Su			uite, Apt. #, etc.				03112007	Chg-NP	CR2E037	(12/06)	···	
City & State Ci			ity & State				4. FEI Numbe 59-184	6960			pplied For at Applicable	
Zip	Country Z		Ziş	ip Countr		try					8.75 Additional see Required	
	6. Name	and Address of Currer	nt Registere	d Agent		NI		7. Name and	Address of New	Registered Ag	jent	
MCCHARI 2716 LUC TALLAHAS	ERNE DR				-	Name Street A	ddress (i	P.O. Box Numbe	er is Not Acceptab	ole)		
				City						FL	Zip Cod	e
	named entit tions of regis	y submits this statement tered agent.	for the purp	ose of changing its	registered	d office or	register	red agent, or bot	th, in the State of F		l miliar with,	and accept
SIGNATURE		for printed name of registered age	and end title 4 and									
	1	to burger image or tederated after	en men na u men	Hicable. (NOTI	E: Flegistered A	Agent signat	ure required	when reinstating)		DATE		
	Filing Fe	e is \$61.25 fay 1, 2007	KAR I GUU LAGO KA	9. Election Can Trust Fund C	npaign Fin	encing	ure required	\$5.00 May B Added to Fees		Make check porida Departm		
10.	Filing Fe	e is \$61.25		9. Election Can Trust Fund C	npaign Fin	encing		\$5.00 May B Added to Fees		Make check orida Departn	nent of St	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSTA 2620 NEU	e is \$61.25 flay 1, 2007		9. Election Can Trust Fund C	npaign Fin Contribution 11. TITLE NAME	nancing nn.		\$5.00 May B Added to Fees	Flo	Make check orida Departn ERS AND DIRE	nent of St	tate
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: _	Hathem OH'Charen	Kathleen	O. McCharen	3/11/07	487-8273
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	Date	Daytime Phone #		