

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722910

FILED
Jan 20, 2012
Secretary of State

Entity Name: LAKE BREEZE HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

2600-A LUCERNE DR.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2600-A LUCERNE DR.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-1846960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCHAREN, LEALAND L
2716 LUCERNE DR
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JACOBSEN, JODY
Address: 4115 ZERMATT DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: LINDSTAM, KATHY
Address: 2630 NEUCHATEL DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: GILLMAN, THOMAS
Address: 2720 BRENNER PASS
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD
Name: MCCHAREN, KATHLEEN
Address: 2716 LUCERNE DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: PETERSON, LARRY L
Address: 2716 BRENNER PASS
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD
Name: JACOBSEN, STEVE
Address: 4115 ZERMATT
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN O. MCCHAREN

T

01/20/2012

Electronic Signature of Signing Officer or Director

_____ Date