

FILED
Jan 31, 2007 8:00 am
Secretary of State

DOCUMENT # 726532



Mailing Address
689 WEST LAKE HOWARD DRIVE
CLUBHOUSE 205
WINTER HAVEN, FL 33880

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

01132007 Chq-NP CR2E037 (12/06)

4. FEI Number
59-2037339

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CADY, EILEEN
689 W LAKE HOWARD DR
CORDO #217
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name Maureen Jones
Street Address (P.O. Box Number is Not Acceptable) 689 Lake Howard Drive, NW #3D
City Winter Haven FL Zip Code 33880

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 Maureen Jones, Vice Pres/Director

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 7

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CADY, EILEEN	
STREET ADDRESS	689 LAKE HOWARD DR N.W. #217	
CITY - ST - ZIP	WINTER HAVEN, FL 33880	

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHIESL, JAMES	
STREET ADDRESS	689 W LAKE HOWARD DR #4C	
CITY - ST - ZIP	WINTER HAVEN, FL 33880	

TITLE	TD	<input type="checkbox"/> Delete
NAME	EVERBECK, EVELYN	
STREET ADDRESS	689 W LAKE HOWARD DR #108	
CITY - ST - ZIP	WINTER HAVEN, FL 33880	

TITLE	D	<input type="checkbox"/> Delete
NAME	CABLE, LLOYD	
STREET ADDRESS	689 LAKE HOWARD DR. N.W. #119	
CITY - ST - ZIP	WINTER HAVEN, FL 33880	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROMIG, JOHN	
STREET ADDRESS	689 LAKE HOWARD DR NW, # 110	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HORNER, WILLIAM	
STREET ADDRESS	689 LAKE HOWARD DR., N.W., # 117	
CITY - ST - ZIP	WINTER HAVEN, FL 33880	

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Maureen Jones		
STREET ADDRESS	689 Lake Howard Drive NW #3D		
CITY-ST-ZIP	Winter Haven, FL 33880		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Maryann Drexel		
STREET ADDRESS	689 Lake Howard Drive NW #225		
CITY-ST-ZIP	Winter Haven, FL 33880		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jerry Miller		
STREET ADDRESS	689 Lake Howard Drive NW #121		
CITY-ST-ZIP	Winter Haven, FL 33880		

TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Barbara Horak		
STREET ADDRESS	689 Lake Howard Drive NW #4E		
CITY-ST-ZIP	Winter Haven, FL 33880		

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: Lloyd Cable, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lloyd Cable
OR DIRECTOR

1/28/07
Date

863-299-9960

Date _____

Daytime Phone # _____