


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90364 037 ****61.25

DOCUMENT # 732649 1. Entity Name LAKE GRASSY HOMESITES ASSOCIATION, INC.	
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Principal Place of Business 9 EAST PALM CIRCLE LAKE PLACID, FL 33852	Mailing Address 9 EAST PALM CIRCLE LAKE PLACID, FL 33852
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60029888

2. Principal Place of Business <u>4 East Palm Circle</u> Suite, Apt. #, etc.	3. Mailing Address <u>4 East Palm Circle</u> Suite, Apt. #, etc.
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02202006 Chg-NP CR2E037 (11/05)

City & State <u>Lake Placid FL</u>	City & State <u>Lake Placid FL</u>
Zip <u>33852</u>	Country <u>Highlands</u>
Zip <u>33852</u>	Country <u>Highlands</u>

4. FEI Number 23-7437217	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REYNOLDS, RUTH 9 EAST PALM CIRCLE LAKE PLACID, FL 33852	7. Name and Address of New Registered Agent Name <u>Vonda Viviano</u> Street Address (P.O. Box Number is Not Acceptable) <u>4 East Palm Circle</u> City <u>Lake Placid</u> FL Zip Code <u>33852</u>
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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 Vonda Lee Viviano Vonda Lee Viviano March 23, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEKAR, NORMAN 10 E PALM CIRCLE LAKE PLACID, FL <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	S VIVIANO, VONDA 4 E PALM CIRCLE LAKE PLACID, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jane Hockett 8 West Palm Circle Lake Placid FL 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, GORDON 321 CR 29 LAKE PLACID, FL <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	T REYNOLDS, RUTH 9 EAST PALM CIRCLE LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Vonda Lee Viviano 4 East Palm Circle Lake Placid FL 33852 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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.

SIGNATURE: Vonda Lee Viviano Vonda Lee Viviano 3/23/06 863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #