


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90345 017 ****70.00

DOCUMENT # 733069 1. Entity Name LAKE PADGETT ESTATES CIVIC ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 273 LAND O LAKES, FL 34639 US			Mailing Address P.O. BOX 273 LAND O LAKES, FL 34639 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2292532				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMMAR, CHRISLE 3815 PINECONE CT. LAND O LAKES, FL 34639			7. Name and Address of New Registered Agent Name <u>GRAY, BABE</u> Street Address (P.O. Box Number is Not Acceptable) <u>3471 EAST LAKE DRIVE</u> City <u>LAND O LAKES</u> FL <u>34639</u>		
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 <u>Babe Gray</u> <i>Secretary</i> DATE <u>4/25/08</u> <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAY, ROBERT 22130 WEEKS BLVD. LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD GRAY 3471 EAST LAKE DR. LAND O LAKES, FL 34639
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CATTERTON, JIM 2968 LAKE SAXON DR. LAND O LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHATTERTON, JIM 2968 LAKE SAXON DR. LAND O LAKES, FL 34639
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, BABE 3471 E. LAKE DR. LAND O LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, GWEN 22152 RIVER ROCK DR. LAND O LAKES, FL 34639
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, GLENDA 3046 JOAN CT. LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OBERTON, RUBY 3274 LAKE PADGETT DR. LAND O LAKES, FL 34639
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBERTON, RUBY 3274 LAKE PADGETT DR. LAND O LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, LEE 22520 KINGSLEY LN LAND O LAKES, FL 34639
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" 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: <u>Richard Gray</u> RICHARD GRAY DATE <u>4/25/2008</u> (813)996-7868 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					