2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90141 038 ****61.25

ANNUAL REPORT	
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DOCUMENT #73439- 1. Entity Name PROPERTY OWNERS'ASSOCINC.	
Principal Place of Business	Mailing Address
1203 AUGUSTINE DRIVE	P 0 B0X 1657
LADY LAKE, FL 32159 US	LADY LAKE, FL 32158
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

LADY LAKE,	FL 32159	UŞ		BOX 1657 Y LAKE, FL 32158	US			[23]	1 2 12 1 11111		Arii Arâi Ari	lii sirii bii		
2. Principal P	lace of Busin	ess	3. Mai	iling Address						j				
Suite, Apt.	#, etc.		Su	uite, Apt. #, etc.			:	0407200	06 C	hg-NP	(CR2E0	37 (11/05)	
City & Stat	е		Ci	ty & State				4. FEI Nu 59-1	mber 86043	32			\vdash	pplied For lot Applicable
Zip	ip Country Zip			р	Cou	intry		5. Certificate of Status Desired \$8.75 A Fee Requi					fditional	
	6. Name	and Address of Currer	nt Register	ed Agent				7. Name	and Ado	ress of N	lew Reg	istered	Agent	
MILLHORN, MICHAEL D 10935 SE 177TH PLACE, SUITE 204 SUMMERFIELD, FL					Name Street Address (P.O. Box Number is Not Acceptable)									
						City						FL	Zip Co	de
	named entity ions of registr	submits this statement ered agent	for the purp	pose of changing its	registere	ed office o	r register	ed agent, or	r both, in	the State	of Florid	a. Iam	familiar with	, and accept
SIGNATURE														
SIGNATORE	Signature typed	or printed name of registered age	rit and title if api	plicable (NOTE	Hegistered	d Agerit sigria	ture required	when renstating	i)		- "	DATE		
	-	e is \$61.25 lay 1, 2006		Election Cam Trust Fund C				\$5.00 Ma					k payable tment of \$	
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10.	T _	OFFICERS AND D	DIRECTORS	<u> </u>	11.		A	DDITIONS/	CHANG	ES TO OF	FFICERS	AND DI	RECTORS I	
THLE	Р		DIRECTORS	Delete	TITLE		Ð				FFICERS	AND DI	RECTORS I	N 10 Addition
TITLE NAME	GORMAN	, JOE	DIRECTORS		TITLE	ŧ	CATI	ty cil	Roca	۲0		AND DI		
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THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME	GORMAN 1203 AUG LADY LAK T GARNER,	JOE USTINE DR (E, FL 32159	DIRECTORS	☐ Delete	TITLE NAME SIREI CITY- TITLE NAME	ET ADDRESS - ST ZIP	CATE 729 LAU DREE	TRUI TRUI Y LA	ROCI MAN AKE,	CO S AUE FL AINSE	32	159	Change	Addition
THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS	GORMAN 1203 AUG LADY LAK T GARNER, 601 CATA	JOE USTINE DR (E, FL 32159 BILL LINA CT.	DIRECTORS	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS - ST ZIP	CATI 729 LAU O DREI 737	TRUI TRUI IV LAME IDAME	ROCI MAX 4KE, EL	FL ANSE	32 LEG	159 Kcy	☐ Change☐ Change☐ Change	Addition
THE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP	GORMAN 1203 AUG LADY LAK T GARNER, 601 CATA LADY LAK	JOE USTINE DR (E, FL 32159	DIRECTORS	☐ Delete☐ Delete☐ Delete☐	TITLE NAME SIREI CHY- TITLE NAME SIREI CHY-	ET ADDRESS - ST ZIP	CATI 729 LAU O DREI 737	TRUI TRUI Y LA	ROCI MAX 4KE, EL	FL ANSE	32 LEG	159 Kcy	☐ Change☐ Cha	Addition Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

I.B. GORMAN