


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90159 002 ****61.25

DOCUMENT # 735150
 1. Entity Name
LAKE YVETTE HOMEOWNERS' ASSOCIATION, INC.



90059149



Principal Place of Business - **96 RAYMOND RD HAVANA, FL 32333**
 Mailing Address **96 RAYMOND RD HAVANA, FL 32333**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04092007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number **59-2951570**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
YERKES, JOHN H
97 HANS COURT
HAVANA, FL 32333

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD	<input type="checkbox"/> Delete
NAME	BLANTON, CHANTAL	
STREET ADDRESS	466 RAYMOND RD	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YERKES, JOHN H	
STREET ADDRESS	97 HANS CT	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORNINGSTAR, DEBORAH	
STREET ADDRESS	112 BLUE HERON POINT	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, KENNETH B	
STREET ADDRESS	410 CHRISTIAN LANE	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RYAN, MARIANNE	
STREET ADDRESS	405 SHELIN DRIVE	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENEDICKS, WILLIAM	
STREET ADDRESS	240 ROZENA LOOP	
CITY-ST-ZIP	HAVANA, FL 32333	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANK LANDIS	
STREET ADDRESS	135 MARTIN COURT	
CITY-ST-ZIP	HAVANA, FL 32333	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John H. Yerkes* **JOHN H. YERKES** **4/9/07** **850-539-1372**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #