

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735150

FILED
May 05, 2008
Secretary of State

Entity Name: LAKE YVETTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

96 RAYMOND RD
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

96 RAYMOND RD
HAVANA, FL 32333

New Mailing Address:

FEI Number: 59-2951570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

YERKES, JOHN H
97 HANS COURT
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BLANTON, CHANTAL
Address: 466 RAYMOND RD
City-St-Zip: HAVANA, FL 32333

Title: PD () Delete
Name: YERKES, JOHN H
Address: 97 HANS CT
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: MORNINGSTAR, DEBORAH
Address: 112 BLUE HERON POINT
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: JONES, KENNETH B
Address: 410 CHRISTIAN LANE
City-St-Zip: HAVANA, FL 32333

Title: SD () Delete
Name: RYAN, MARIANNE
Address: 405 SHELLINE DRIVE
City-St-Zip: HAVANA, FL 32333

Title: TD () Delete
Name: BENEDICKS, WILLIAM
Address: 240 ROZENA LOOP
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H YERKES

PD

05/05/2008

Electronic Signature of Signing Officer or Director

_____ Date