

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735150

FILED  
Jan 19, 2012  
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 ( )**

**Name and Address of Current Registered Agent:**

MORNINGSTAR, DEBORAH A  
112 BLUE HERON POINT  
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: PD  
Name: BENEDICKS, WILLIAM JR.  
Address: 240 ROZENA LOOP  
City-St-Zip: HAVANA, FL 32333

Title: TD  
Name: BLANTON, CHANTAL M  
Address: 466 RAYMOND RD.  
City-St-Zip: HAVANA, FL 32333

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

Title: D  
Name: JONES, KENNETH B  
Address: 410 CHRISTIAN LOOP  
City-St-Zip: HAVANA, FL 32333

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

Title: VD  
Name: MCNEECE, AARON  
Address: 380 CHRISTIAN LOOP  
City-St-Zip: HAVANA, FL 32333

I hereby 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 all other like empowered.

SIGNATURE: CHANTAL M. BLANTON

TD

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date