

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 740282**

1. Entity Name  
**LAKE ELIZABETH PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**21320 NE 51ST  
EARLETON, FL 32631**

Mailing Address  
**21320 NE 51ST  
EARLETON, FL 32631**



04252006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2966399**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GIBSON, ROBERT L  
21320 NE 51ST AVE/  
EARLETON, FL 32631**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	REID, PEALOW
STREET ADDRESS	21418 NE 46TH AVE
CITY- ST- ZIP	EARLETON, FL 32631
TITLE	DPST
NAME	GIBSON, ROBERT LLOYD
STREET ADDRESS	STAR ROUTE 1268
CITY- ST- ZIP	EARLETON, FL 32631
TITLE	DV
NAME	DOCIER, BYRD
STREET ADDRESS	STAR RT. BOX 1318
CITY- ST- ZIP	EARLETON, FL 32631
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000539916  
05/09/06-80118-007 61.25

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:** *Robert L. Gibson* **Robert L. GIBSON** 04-26-06 3524755590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #