

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90059 018 \*\*\*\*61.25

<b>DOCUMENT # 740282</b> 1. Entity Name <b>LAKE ELIZABETH PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>21320 NE 51ST EARLETON, FL 32631</b>			Mailing Address <b>21320 NE 51ST EARLETON, FL 32631</b>		
2. Principal Place of Business - No P.O. Box # <b>21827 NE 53rd Ave</b>		3. Mailing Address <b>21827 NE 53rd Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Earleton, FL 32631</b>		City & State <b>Earleton, FL 32631</b>		4. FEI Number <b>59-2966399</b>	
Zip <b>32631</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GIBSON, ROBERT L 21320 NE 51ST AVE/ EARLETON, FL 32631</b>		7. Name and Address of New Registered Agent Name <b>Robert Gibson</b> Street Address (P.O. Box Number is Not Acceptable) <b>21827 NE 53rd Ave</b> City <b>Earleton</b> <b>FL</b> Zip Code <b>32631</b>			
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 <u><i>Robert L. Gibson</i></u> <i>President</i> <span style="float: right;">05-18-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, PEALOW 21418 NE 46TH AVE. EARLETON, FL 32631	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GIBSON, ROBERT LLOYD STAR ROUTE 1268 EARLETON, FL 32631	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Lloyd Gibson 21827 NE 53rd Ave Earleton, FL 32631 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DOCIER, BYRD STAR RT. BOX 1318 EARLETON, FL 32631	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Board Byrd Dozier 5002 NE 220th Ter Earleton, FL 32631 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT AL KLOKE 21519 NE 53rd Ave Earleton, FL 32631	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Al Klope 21519 NE 53rd Ave Earleton, FL 32631 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u><i>Robert L. Gibson</i></u> <b>Robert L. GIBSON</b> <span style="float: right;">05-18-07 352-425-5590</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					