

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 740282**

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



Principal Place of Business  
**21827 NE 53RD AVE.  
EARLETON, FL 32631**

Mailing Address  
**21827 NE 53RD AVE.  
EARLETON, FL 32631**



05022008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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  
21827 NE 53RD AVE.  
EARLETON, FL 32631**

**DO NOT WRITE  
IN THIS SPACE**

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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000347271  
06/02/08-80007-017 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
GIBSON, ROBERT LLOYD  
21827 NE 53RD AVE.  
EARLETON, FL 32631**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**EXBO  
DOZIER, BYRD  
5002 NE 220TH TER.  
EARLETON, FL 32631**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
KLOKE, AL  
21519 NE 53RD AVE  
EARLETON, FL 32631**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-28-08*  
Date

*352.475-5590*  
Daytime Phone #