


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90234 022 ****70.00

DOCUMENT # 746920 1. Entity Name LSG COMMUNITY ASSOCIATION, INC.					
Principal Place of Business C/O AMERI-TECH MGMT 1799-B N. BELCHER RD. CLEARWATER, FL 33765 US			Mailing Address C/O AMERI-TECH MGMT 1799-B N. BELCHER RD. CLEARWATER, FL 33765 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1995138	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PEREZ, MICHAEL G 1799-B N. BELCHER RD. CLEARWATER, FL 33765				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOWRY, BRIAN D		NAME	Travis Herbert	
STREET ADDRESS	3915 ORCHARD HILL CIR.		STREET ADDRESS	3920 Orchard Hill Circle	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOOKE, MICHAEL		NAME		
STREET ADDRESS	2800 LONG LEAF LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECKSTEIN, JEAN CLAUDE		NAME	Ec Kstein, Jean Claude <i>Correction.</i>	
STREET ADDRESS	3922 ORCHARD HILL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAGLIANO, JOHN		NAME		
STREET ADDRESS	3948 ORCHARD HILL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THIEMAN, PIERRE		NAME		
STREET ADDRESS	4022 SANDPIPER CT		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAWYER, LILLIAN		NAME		
STREET ADDRESS	2601 GREENDALE COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
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: <i>Lillian M. Sawyer</i> LILLIAN M. SAWYER <i>3/13/2006</i> <i>727-785-9123</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>TREAS.</small> <small>Date</small> <small>Daytime Phone #</small>					