## **2007 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT #753193**



Jan 22, 2007 8:00 am Secretary of State 01-22-2007 90093 033 \*\*\*\*70.00

**FILED** 

1. Entity Name LOBLOLLY BAY PROPERTY OWNERS' ASSOCIATION, INCORPORATED									
Principal Place of Business 7407 SE HILL TERRACE HOBE SOUND, FL 33455  Mailing Address 7407 SE HILL TERRACE HOBE SOUND, FL 33455								171 B(B)  B(B)  G B	NIIGI BI EBBI
Principal Place of Business - No P.O. Box #     3. Mailing Address					_				
Suite, Apt. #, etc. S			Suite, Apt. #, etc.	uite, Apt. #, etc.		01042007 Ch	ig-NP - CR2E00	37 (12/06)	
City & State		City & State	City & State		4. FEI Number Applied For 59-2069808 Not Applicable				
Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
CODNETT IANE					Name				
CORNETT, JANE 401 E. OSCEOLA ST STUART, FL 34994.				-	Street Address (P.O. Box Number is Not Acceptable)				
,				-	City			Zip Cod	
					FL   Zip Coos			•	
,	named entitions of regist	ty submits this statement for tered agent.	the purpose of changing	its registered	d office or regis	stered agent, or both, in	the State of Florida. I am	tamiliar with,	and accept
	-								
SIGNATURE .	<u>2</u>								
	Signature, typed	d or printed name of registered agent a	rud (itie it applicable (N	OTE: Registered	Agent signature requi	ired when reinstating)	DATE		
	Filing Fe	ee is \$61.25 May 1, 2007	9. Election C		nancing _	\$5.00 May Be Added to Fees	Make chec Florida Depar		
10.	Filing Fe	ne is \$61.25 _	9. Election C Trust Fund	ampaign Fir	nancing _	\$5.00 May Be Added to Fees	Make-chec	tment of S	tate
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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.

LLLLY CON US. SIGNATURE: WA