# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 20, 2008 8:00 am**
**Secretary of State**
02-20-2008 90006 023 ****61.25

DOCUMENT # 753892

1. Entity Name
LYNNWOOD ESTATES ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 720084<br>ORLANDO, FL 32872-7084 | P.O. BOX 720084<br>ORLANDO, FL 32872-7084 |

**DO NOT WRITE IN THIS SPACE**

01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2065707
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STAINES, MERWIN R
6801 CASTILLO COURT
ORLANDO, FL 32822

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | |
|---|---|---|
| TITLE | PD | |
| NAME | ZSCHUNKE, GARY | |
| STREET ADDRESS | 6821 POMEII RD. | |
| CITY-ST-ZIP | ORLANDO, FL 32822 | |
| TITLE | VP | |
| NAME | OSBORN, GREG | |
| STREET ADDRESS | 6914 CASTILLO CT | |
| CITY-ST-ZIP | ORLANDO, FL 32822 | |
| TITLE | SD | |
| NAME | STAINES, MERWIN R | |
| STREET ADDRESS | 6801 CASTILLO CT. | |
| CITY-ST-ZIP | ORLANDO, FL 32822 | |
| TITLE | TD | |
| NAME | STAINES, MERWIN R | |
| STREET ADDRESS | 6801 CASTILLO CT | |
| CITY-ST-ZIP | ORLANDO, FL 32822 | |
| TITLE | D | |
| NAME | ST MEYER, JERRY | |
| STREET ADDRESS | 6509 POMPEII RD | |
| CITY-ST-ZIP | ORLANDO, FL 32822 | |
| TITLE | D | |
| NAME | RAYBURN, BOB | |
| STREET ADDRESS | 6800 GIBRALTAR RD | |
| CITY-ST-ZIP | ORLANDO, FL 32822 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D Zschunke, Gary<br>6821 Pompeii Rd.<br>Orlando, Fl. 32822 | ☒ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD Osborn, Greg<br>6914 Castillo Ct.<br>Orlando, Fl. 32822 | ☒ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP Bob Rayburn<br>6804 Mediterranean Rd.<br>Orlando, Fl. 32822 | ☒ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D Jeanne Chambers<br>6816 Mediterranean Rd.<br>Orlando, Fl. 32822 | ☐ Change | ☒ Addition |

12. I hereby certify that the information supplied with this filing does not qu
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:** MERWIN R. STAINES Merwin R. Staines 2/10/08 407-275-3835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #