

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755552

FILED
Apr 24, 2007
Secretary of State

Entity Name: LAKE AND HILLS COUNTRY ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8924 LIGHTER KNOT DR
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

% J F WALKER
8924 LIGHTER KNOT DR
LAKE WALES, FL 33853 US

New Mailing Address:

FEI Number: 59-2695473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JUDITH F
8924 LIGHTER KNOT DR.
LAKE WALES, FL 338987246 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WALKER, JUDITH F.,
Address: 8924 LIGHTER KNOT DR.
City-St-Zip: LAKE WALES, FL 338987246

Title: P () Delete
Name: PRIVETT, WAYNE
Address: 8912 LIGHTER KNOT DR
City-St-Zip: LAKE WALES, FL 338987246

Title: VP (X) Delete
Name: SOUTHARD, ERIC
Address: 8929 LIGHTER KNOT DR
City-St-Zip: LAKE WALES, FL 338987246

Title: D () Delete
Name: PARRISH, DAVE
Address: 8928 LIGHTER KNOT DR.
City-St-Zip: LAKE WALES, FL 338987246

Title: D () Delete
Name: WALKER, JOE
Address: 8924 LIGHTER KNOT DR
City-St-Zip: LAKE WALES, FL 338987246

Title: S () Delete
Name: PRIVETT, JAN
Address: 8912 LIGHTER KNOT DR
City-St-Zip: LAKE WALES, FL 338987246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH F. WALKER

T

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date