


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 755552

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



Principal Place of Business 8924 LIGHTER KNOT DR LAKE WALES, FL 33853 US	Mailing Address % J F WALKER 8924 LIGHTER KNOT DR LAKE WALES, FL 33853 US
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01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2695473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, JUDITH F
 8924 LIGHTER KNOT DR.
 LAKE WALES, FL 33898-7246

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

U00000925105
 05/20/08-80012-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, JUDITH F. 8924 LIGHTER KNOT DR. LAKE WALES, FL 338987246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIVETT, WAYNE 8912 LIGHTER KNOT DR LAKE WALES, FL 338987246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, DAVE 8928 LIGHTER KNOT DR. LAKE WALES, FL 338987246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JOE 8924 LIGHTER KNOT DR LAKE WALES, FL 338987246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRIVETT, JAN 8912 LIGHTER KNOT DR LAKE WALES, FL 338987246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: *Judith F. Walker* **4/26/08** **803-696-2770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #