

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90076 012 \*\*\*\*61.25

<b>DOCUMENT # 756114</b> 1. Entity Name <b>LAKE BOSSE OAKS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>BOX 607712</b> <b>ORLANDO, FL 32860-4612</b>			Mailing Address <b>BOX 607712</b> <b>ORLANDO, FL 32860-4612</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>ANDERSON, BOB</b> <b>4207 TALL TREE DR</b> <b>ORLANDO, FL 32810</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>59-2125005</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD</del> D <b>TURNER, KATHY</b> <b>4105 TALL TREE DRIVE</b> <b>ORLANDO, FL 32810</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>MORCOM, DANNY</b> <b>4018 TALL TREE DR.</b> <b>ORLANDO, FL 32810</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MCKEE, MICHAEL</b> <b>4002 TALL TREE DRIVE</b> <b>ORLANDO, FL 32810</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>AMERMAN, BRANT</b> <b>4043 TALL TREE DR</b> <b>ORLANDO FL 32810</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>WALTER, TOM</b> <b>4018 TALL TREE DR</b> <b>ORLANDO, FL 32810</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KUBIK, TERRY</b> <b>4104 TALL TREE DR</b> <b>ORLANDO FL 32810</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MORGAN, JOHN</b> <b>4025 GREENFERN DRIVE</b> <b>ORLANDO, FL 32810</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BIRKET, JACKIE</b> <b>4103 GREEN FERN DR.</b> <b>ORLANDO FL 32810</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ANDERSON, BOB</b> <b>4207 TALL TREE DR</b> <b>ORLANDO, FL 32810</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DALES, CAROLINE</b> <b>8544 LAKE BOSSE CAKS DR</b> <b>ORLANDO, FL 32810</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01/09/2006 407-513-7840 Date Daytime Phone #		