2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90010 001 ****61.25

DOCUMENT # 756114

1. Entity Name
LAKE BOSSE OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BOX 607712 ORLANDO, FL 32860-4612	BOX 607712 ORLANDO, FL 32860-4612

01302008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2125005 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KUBIK, TERRY
4104 TALL TREE DR
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name: ANGELO INTRAVAIA
Street Address (P.O. Box Number is Not Acceptable): 8511 LK. BOSSE DR
City: ORLANDO **FL** Zip Code: 32810

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: Angelo Intravaia, President DATE: 1/30/08
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPDT TURNER, KATHY 4105 TALL TREE DRIVE ORLANDO, FL 32810	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANGELO INTRAVAIA 8511 LK. BOSSE DR ORLANDO, FL 32810	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCKEE, MICHAEL 4002 TALL TREE DRIVE ORLANDO, FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KATHY FORD 4126 GREENFERN ORLANDO, FL 32810	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KUBIK, TERRY 4104 TAIL TREE DR ORLANDO, FL 32810	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHIQUITA WYNN 4223 TALL TREE ORLANDO, FL 32810	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOB, GARY 4119 GRENE FERN DR ORLANDO, FL 32810	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEN BARBER 8434 LK. BOSSE DR ORLANDO, FL 32810	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMERMAN, BRANT 4043 TALL TREE DRIVE ORLANDO, FL 32810	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAIL BYRD 4128 TALL TREE ORLANDO, FL 32810	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALES, CAROLINE 8544 LAKE BOSSE CAKS DR ORLANDO, FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARNI GHEPENIK 8504 LK. BOSSE DR ORLANDO FL 32810	☑ Change ☐ 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.

SIGNATURE: Angelo Intravaia ANGELO INTRAVAIA 1/30/08 (407)925-3763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #