2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 758940

1. Entity Name
LAKESIDE GROVE ESTATE RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10401 LAKE GROVE DR ODESSA, FL 33556	PO BOX 361 ODESSA, FL 33556-0361

01142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2897156
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANFREY, MICHAEL E
10401 LAKE GROVE DRIVE
ODESSA, FL 33556

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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 Michael E Manfrey MICHAEL E. MANFREY 2/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MANFREY, MIKE
STREET ADDRESS	10401 LAKE GROVE DR.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	P
NAME	SHUPE, SUSAN
STREET ADDRESS	10311 LAKE GROVE DR
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	VP
NAME	WADSWORTH, VAL
STREET ADDRESS	10402 LAKE GROVE DR.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/07-80066-016 61.25

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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: Michael E Manfrey MICHAEL E. MANFREY 2/4/07 (813) 920-3190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #