


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90326 017 ****61.25

DOCUMENT # 760193 1. Entity Name LAKE TRAILS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 194 LAKEWOOD VILLAGE CIR DAYTONA BEACH, FL 32119 US			Mailing Address 194 LAKEWOOD VILLAGE CIR DAYTONA BEACH, FL 32119 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2741090	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RANSBOTTOM, LUELLEN 991 OLD MILL RUN ORMOND BEACH, FL 32174				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD DREYER, PATRICK 164 CEDARWOOD VILLAGE CTR DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hannah Danenhower 116 Oakwood Village Daytona Beach, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JACKSON, CONNIE 144 CEDARWOOD VILLAGE CTR DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EADS, PAT 160 LAKEWOOD V.C. DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLENBACK, JOHN 132 LAKEWOOD VILLAGE CTR DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORIN, BARRY 104 LAKEWOOD VILLAGE CR DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, GARRY 144 LAKEWOOD VILLAGE CTR DAYTONA BEACH, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Patricia Ann Eads</u> 4-28-06 386-304-1819					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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