## FILED Feb 12, 2008 8:00 am Secretary of State 02-12-2008 90010 011 \*\*\*\*61.25

2008	NO	Γ-FOR- <del>I</del>	<b>'ROF</b>	IT COI	RPOF	KATION
		ANNU	AL R	<b>EPOR</b>	T	

DOCUMENT # 766424  1. Entity Name LAKE GARDENS OF CITRUS OWNERS ASSOCIATION, INC.							02-12-2008	_			
Principal Plac 1934 WEST \ DUNNELLON	WOOD IBIS (	CT	Mailing Address PO BOX 2346 DUNNELLON, FL 34432 US					B) 21811 B) B)		(B)(1)() & (	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01192008	Chg-NP	CR2E0	37 (12/06)		
City & Stat	t <del>o</del>		City & State				4. FEI Number NOT API	PLICABLE			Applied For lot Applicable
Zip		Country	Zip	Count			5. Certificate of Status Desired		Sa.75 Additional Fee Required		ed
	6. Name	and Address of Current R	Registered Agent Name				7. Name and	Address of New F	tegistered .	Agent	
AVONELLE R. MACKERELL, P.A. 20217 E PENNSYLVANIA AVE DUNNELLON, FL 34432						Iress (F	P.O. Box Number	r is Not Acceptable	ө)		
					City				FL	Zip Cod	de
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or re		ed agent, or both	n, in the State of Fl		-   familiar with	and accept
the obligat	tions of regist	tered agent.	5 u	Ŧ			-	•			•
SIGNATURE .		1	: - 1 <sup>1</sup> 644		· · · · · · · · · · · · · · · · · · ·						
	Signature, typed	or printed name of registered agentity	nd title if applicable. (NOTE	E: Registere	id Agent signature i	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		g sa sa ta tagan			
10.	T	OFFICERS AND DIR	<del>2:</del>	11.			ADDITIONS/CHA	NGES TO OFFICE	RS AND DI	RECTORS II	
TITLE NAME STREET ADDRESS	P.O. BOX		Delete	nami Stre	E .	DC Hei D 3	rbert M	nc Cikilove Fox Glave	yh : C <del>t</del>	Change	Addition
CITY-ST-ZIP	<del> </del>	LON, FL 34438 344	<u>434</u>			<u>JV</u>	NNellon	FOXGlove FL 3	4434		
NAME	1	THOMAS B	☐ Delete	TITLE	E					Change	Addition
STREET ADDRESS CITY-ST-ZIP	1	VOOD IBIS CT LON, FL 34434			ET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	HIRLEY GUSTA BLVD .E, FL 33777	□ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2065 W. S	ON, ARLENE SPRINGLAKE DR LON, FL 34434	☐ Delete							Change	Addition
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	1937 WES	PATRICIA ST WOOD IBIS CT LON, FL 34434	□ Deleta		ſ					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUNNELL	PRTH MILLBUSH CT LON, FL 34434	☐ Delete	CITY-	E ET ADDRESS -ST-ZIP					☐ Change	Addition
of the con	poration or th , or on an atta	n or supplemental report is t ne receiver or trustae empov	this filing does not qualify for true and accurate and that m waged to execute this report in tithall other like empowered.	ny signati as requir	ure shall have	e the s	ame legal effect , Florida Statutes;	as if made under d	oeth; that I a e appears ir	am an officer	r or director