

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 767986**

1. Entity Name  
**CHAIN OF LAKES PROPERTY OWNERS, INC.**



Principal Place of Business  
**1415 W. VINE STREET  
P.O. BOX 420879  
KISSIMMEE, FL 34742-0879**

Mailing Address  
**1415 W. VINE STREET  
P.O. BOX 420879  
KISSIMMEE, FL 34742-0879**



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2371380**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LACKEY, DAN  
1415 W. VINE STREET  
KISSIMMEE, FL 34742**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LIGHTSEY, LAYNE
STREET ADDRESS	2230 SAM KEENE RD.
CITY-ST-ZIP	LAKE WALES, FL
TITLE	MD
NAME	LACKEY, DAN
STREET ADDRESS	1600 S LYNDALL DR
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	D
NAME	OVERSTREET, RAWL
STREET ADDRESS	JOE OVERSTREET RD.
CITY-ST-ZIP	ST. CLOUD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Dan Lackey* **DAN LACKEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/05*  
Date

*407-847-2847*  
Daytime Phone #