

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90053 006 \*\*\*\*61.25

**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**

40020161



02082007 No Chg-NP

CR2E037 (4/06)

**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 \_\_\_\_\_

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LIGHTSEY, LAYNE  
2230 SAM KEENE RD.  
LAKE WALES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MD  
LACKEY, DAN  
1600 S LYNDELL DR  
KISSIMMEE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
OVERSTREET, RAWL  
JOE OVERSTREET RD.  
ST. CLOUD, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #