

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767986

FILED  
Mar 11, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1415 W. VINE STREET  
P.O. BOX 420879  
KISSIMMEE, FL 347420879

**New Principal Place of Business:**

1415 W. VINE STREET  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1415 W. VINE STREET  
P.O. BOX 420879  
KISSIMMEE, FL 347420879

**New Mailing Address:**

P.O. BOX 420879  
KISSIMMEE, FL 347420879

**FEI Number:** 59-2371380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LIGHTSEY, LAYNE  
Address: 2230 SAM KEENE RD.  
City-St-Zip: LAKE WALES, FL

Title: MD ( ) Delete  
Name: LACKEY, DAN  
Address: 1600 S LYNDELL DR  
City-St-Zip: KISSIMMEE, FL

Title: D ( ) Delete  
Name: OVERSTREET, RAWL  
Address: JOE OVERSTREET RD.  
City-St-Zip: ST. CLOUD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN LACKEY

DIR

03/11/2008

Electronic Signature of Signing Officer or Director

Date