


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2007 08:00 A
Secretary of State

DOCUMENT # 768021 1. Entity Name THE LAKES OF SHERBROOKE MUTUAL SERVICE ASSOCIATION, INC.					
Principal Place of Business 8130 HAVASU COURT LAKE WORTH FL 33467 US			Mailing Address 8130 HAVASU CT. LAKE WORTH FL 33467 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2280244	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHERNACK, JACK 5194 CANDLEWOOD CT. LAKE WORTH FL 33467				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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-STATE-ZIP	TD MARCOALDI, JANET E 5080 WHITEWOOD WAY LAKE WORTH FL 33467		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	000000630429 02/20/07-80006-021 70.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD WEBSTER, BARBARA 8170 WHITEWOOD COVE SOUTH LAKE WORTH FL 33467		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD CHERNACK, JACK 5195 CANDLEWOOD CT LAKE WORTH FL 33463		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jack Churnack

2/7/07 561-967 3263