

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90028 001 \*\*\*\*61.25

**DOCUMENT # 769206**

1. Entity Name  
**LAKE BERNADETTE PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**35222 LAKE EDWARD DR  
ZEPHYRHILLS, FL 33541 US**

Mailing Address  
**35222 LAKE EDWARD DR  
ZEPHYRHILLS, FL 33541 US**

**50007000**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

01-0760514

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

**MOTYL, ELEANOR  
5748 RICK DRIVE  
ZEPHYRHILLS, FL 33541**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MOTYL, ELEANOR  
5748 RICK DRIVE  
ZEPHYRHILLS, FL 33541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
RIGGS, BRIAN  
35349 JANINE DRIVE  
ZEPHYRHILLS, FL 33541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CHAIKEN, BARRY R  
35222 LAKE EDWARD DRIVE  
ZEPHYRHILLS, FL 33541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
LEWIS, KATHY  
35406 ZILLA WAY  
ZEPHYRHILLS, FL 33541 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
Douglas, Sharon  
5542 MARIE DR  
Zephyrhills, FL 33541 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

*BARRY R CHAIKEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARRY R CHAIKEN**

*1/24/05*

Date

*813 788 0078*

Daytime Phone #