

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90141 020 ****70.00

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		
2. Principal Place of Business P.O. Box 926 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 926 Suite, Apt. #, etc.			
City & State Zephyrhills, FL		City & State Zephyrhills, FL		05092006 Chg-NP CR2E037 (4/06)	
Zip 33539-0926		Country US		4. FEI Number 01-0760514	
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 <u>Stephen D. Shoe</u> Street Address (P.O. Box Number is Not Acceptable) <u>5710 Marie Drive</u> City <u>Zephyrhills</u> FL Zip Code <u>33541</u>		
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 <u>Stephen D. Shoe</u> <u>Stephen D. Shoe</u> <u>5/9/2006</u> 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 September 6, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOTYL, ELEANOR 5748 RICK DRIVE ZEPHYRHILLS, FL 33541	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Stephen D. Shoe, Stephen D. 5710 Marie Dr. Zephyrhills, FL 33541	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIGGS, BRIAN 35349 JANINE DRIVE ZEPHYRHILLS, FL 33541	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Barnett DV Michael Barnett, Michael 5716 RICK Dr Zephyrhills, FL 33541	☒ Change ☒ Addition
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	D Farmer, Kenneth 5734 Elaine Dr Zephyrhills, FL 33541	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOUGLAS, SHARON 5542 MARIE DRIVE ZEPHYRHILLS, FL 33541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOUGLAS, Sharon 5542 Marie Dr Zephyrhills, FL 33541	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brian Riggs, Brian 35349 Janine Dr. Zephyrhills, FL 33541	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McKinney, Robert 35146 Perch Dr Zephyrhills, FL 33541	☐ Change ☒ Addition
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: <u>Stephen D. Shoe</u> <u>Stephen D. Shoe</u> <u>5/9/2006</u> (813) 974-2061 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Additional Director : ATTACHMENT

Newell, Sheree

5717 Southernview, Dr

Zephyrhills, FL 33541

40099381

#769206