


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90063 013 ***150.00

DOCUMENT # J38988	
1. Entity Name LAKE FOX VILLAGE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 4950 CYPRESS GARDENS RD. P.O. BOX 76 WINTER HAVEN, FL 33884	Mailing Address 4950 CYPRESS GARDENS RD. P.O. BOX 76 WINTER HAVEN, FL 33884 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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02012008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent CORMIER, ROBERT A 327 LAKEVIEW LANE WINTER HAVEN, FL 33884	
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4. FEI Number 59-2765249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name ROBERT A. CORMIER Street Address (P.O. Box Number is Not Acceptable) 323 LAKEVIEW LANE WINTER HAVEN City WINTER HAVEN FL Zip Code 33884	

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: *Robert A. Cormier* (NOTE: Registered Agent signature required when reinstating) DATE: March 5, 2008

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNCH, JACQUELINE 101 VILLAGE CT. WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMARTIN, THOMAS 132 VILLAGE CT WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHARON HAND 33884 102 VILLAGE CT. WINTER HAVEN, FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORMIER, ROBERT A 323 LAKEVIEW LANE WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOMAS LYNCH 33884 101 VILLAGE CT. WINTER HAVEN, FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, BILL 307 LAKEVIEW LN WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HUGH CONYARD 33884 203 GROVE AVE. WINTER HAVEN, FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, RAYMOND O 133 VILLAGE CT WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWEENEY, HELEN 130 VILLAGE CT. WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER HELEN SWEENEY 33884 130 VILLAGE CT. WINTER HAVEN, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Robert A. Cormier* **ROBERT A. CORMIER (PRESIDENT)** MARCH 5, 2008-(863-325-8716)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #