

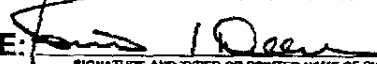


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001675			
1. Entity Name LAKE JOVITA CLUB VILLAS HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 12330 LAKE JOVITA BLVD. DADE CITY, FL 33525		Mailing Address 12330 LAKE JOVITA BLVD. DADE CITY, FL 33525	
DO NOT WRITE IN THIS SPACE			
		 04242006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-3639570	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUTCHISM BROCK, P 37837 MERIDIAN AVE STE 314 DADE CITY, FL 33523		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000534256 05/08/06-80004-018 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEESE, RONNIE P.O. BOX 278 DADE CITY, FL 33526		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RUPP, BERNIE 5021 CHATTAM LANE TAMPA, FL 33624		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSON, KYLE P. O. BOX 1011 DADE CITY, FL 33525		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TR COONEY, RHONDA P. O. BOX 340453 TAMPA, FL 33694		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		04-25-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	