## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # N0000002363  1. Entity Name LAKE FOREST TRAILS HOMEOWNERS ASSOCIATION, INC.								04-27-200		021 ****6	1.25
Principal Place of Business 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653		Mailing Address 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653			·	40	08585b			IRRE DI IDUI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172007	Chg-NP	CR2E	037 (12/06)		
City & State		City & State				4. FEI Number 90-0049164		Applied For Not Applicable			
Zip		Country	Zip	Cou	intry	5. Certificate of Status D			Fee Required		
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
LINDSEV	CI ENDA			Name	" CAROL MORALES						
LINDSEY, GLENDA C/O BOSSHARDT PROPERTY MGT INC 5522-B NW 43 STREET			;	Street A	ddress (I	P.O. Box Numb	er is Not Accepta	able)	TANA	ETYEN T	
GAINESVI					5-6	7.7	-12 N	W 43	ィフ		
O (11/125 VILLE), 1 E 02/000					City	~ <del>~</del>	-014446	<u> </u>	F	Zip Cod	e
8. The above	named entit	ty submits this statement for	r the purpose of changing its	register		r register		th, in the State of		- 12 ak	and accept
	ions of regis		, <del>, , , , .</del>				J	•			•
SIGNATURE .	<u>Ca</u>	us Du	and intercept and and				ORALE	<u>.                                    </u>	1. P	8.07	
SIGNATURE .	Signature, typed	d or printed name of registered agent	and title if applicable. (NO				ORALE (when reinstating)	:r	DATE	8.07	
SIGNATURE .	Filing Fe	or printed name of registered agent one is \$61.25 May 1, 2007	and title if applicable (NO  9. Election Ca Trust Fund	rE. Registere mpaign F	d Agent signati			Ве	DATE	ck payable t	
SIGNATURE	Filing Fe	e is \$61.25	9. Election Ca Trust Fund	rE. Registere mpaign F	d Agent signati	ure required	\$5.00 May E Added to Fees	Ве	Make che lorida Dep	ck payable t artment of S	tate
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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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

**SIGNATURE:** 

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

352-336-9421

Change Addition