

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90070 016 ****65.00

DOCUMENT # N00000006529					
1. Entity Name LAKE MORLEY TERRACE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 14920 PHILMORE ROAD TAMPA, FL 33613			Mailing Address 14920 PHILMORE ROAD TAMPA, FL 33613		
2. Principal Place of Business - No P.O. Box # 906 Hardy Drive		3. Mailing Address 906 Hardy Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-3681603	
Zip 33613		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINGSLEY, KENNETH 14927 PHILMORE RD. TAMPA, FL 33613			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing ☐ \$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 PD	NAME NIELSEN, JUDITH R		TITLE PD	NAME Rhudy Bell	
STREET ADDRESS 14920 PHILMORE ROAD	CITY-ST-ZIP TAMPA, FL 33613		STREET ADDRESS 906 Hardy Drive	CITY-ST-ZIP Tampa, FL 33613	
TITLE SD	NAME ROBINSON, RUTH R		TITLE SD	NAME Pamela Linquist	
STREET ADDRESS 14903 LE JEUNE LANE	CITY-ST-ZIP TAMPA, FL 33613		STREET ADDRESS 14914 Philmore Rd.	CITY-ST-ZIP Tampa, FL 33613	
TITLE TD	NAME WARREN, LESLIE D		TITLE TD	NAME John Coulam	
STREET ADDRESS 14915 LE JEUNE LANE	CITY-ST-ZIP TAMPA, FL 33613		STREET ADDRESS 14907 Le Juene Lane-	CITY-ST-ZIP Tampa, FL 33613	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		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: <u>Rhudy Bell</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rhudy Bell		
Date			(813) 963-6952		