

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2006
Secretary of State**

DOCUMENT# N00000006862

Entity Name: LAKE GRIFFIN ESTATES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

107 N LINE DR
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3694184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATHIEU, EDWARD S
Address: 405 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VD () Delete
Name: CHERRY, BOB
Address: 167 SAVANNAH PARK LOOP
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VD () Delete
Name: KENNEDY, SHARON
Address: 333 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: TD () Delete
Name: CLINE, BRIAN
Address: 309 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: SD () Delete
Name: HELM, AL
Address: 119 SAVANNAH PARK LOOP
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BURROUGHS, DAN
Address: 492 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VD (X) Change () Addition
Name: BERGEY, DON
Address: 207 SAVANNAH PARK LOOP
City-St-Zip: CASSELBERRY, FL 32707 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KENNEDY, SHARON LEE
Address: 333 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD MATHIEU

PD

04/19/2006

Electronic Signature of Signing Officer or Director

Date