2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006862

FILED Apr 26, 2007 Secretary of State

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

Current Principal Place of Business:			New Principal Place of Business:	
)7 N LINI POPKA,	E DR FL 32703 US			
current Mailing Address:		New Maili	New Mailing Address:	
)7 N. LIN				
-OFNA,	FL 32703 US			
l Number	: 59-3694184 FEI Number Applied For () FE	I Number Not App	licable () Certificate of Status Desired ()	
ame and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
JTHERL 7 N. LIN	AND, THERESA D			
	FL 32703 US			
	named entity submits this statement for the purpose of Florida. RE:	ose of changing	its registered office or registered agent, or both,	
	Electronic Signature of Registered Agent		Date	
FICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
e: me: dress: y-St-Zip:	PD (X) Delete MATHIEU, EDWARD S 405 MISTY OAKS RUN CASSELBERRY, FL 32707 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
le: me: dress: y-St-Zip:	VD () Delete BURROUGHS, DAN 492 MISTY OAKS RUN CASSELBERRY, FL 32707 US	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition BURROUGHS, DAN 492 MISTY OAKS RUN CASSELBERRY, FL 32707 US	
	VD () Delete	Title:	SD (X) Change () Addition BERGEY, DON	
ne: Iress:	BERGEY, DON 207 SAVANNAH PARK LOOP CASSELBERRY, FL 32707 US	Name: Address: City-St-Zip:	207 SAVANNAH PARK LOOP	
e: me: dress: y-St-Zip: e: me: dress: y-St-Zip:	207 SAVANNAH PARK LOOP	Address:	207 SAVANNAH PARK LOOP	
me: dress: y-St-Zip: e: me: dress:	207 SAVANNAH PARK LOOP CASSELBERRY, FL 32707 US TD () Delete CLINE, BRIAN 309 MISTY OAKS RUN	Address: City-St-Zip: Title: Name: Address:	207 SAVANNAH PARK LOOP CASSELBERRY, FL 32707 US	

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: DAN BURROUGHS PD 04/26/2007