2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# N01000000580

Entity Name: LAKE SAPPHIRE ESTATES AND LAKE THOMAS ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

916 LAKE THOMAS LANE
LUTZ, FL 33548

New Principal Place of Business:

908 LAKE THOMAS LANE
LUTZ, FL 33548

Current Mailing Address:

916 LAKE THOMAS LANE
LUTZ, FL 33548

New Mailing Address:

911 LAKE THOMAS LANE
LUTZ, FL 33548

FEI Number: 32-0037414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARLSON, KEVIN G
916 LAKE THOMAS LANE
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

GARCIA, CINDI
911 LAKE THOMAS LANE
LUTZ, FL 33548 US

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: CINDI GARCIA 03/28/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARLSON, KEVIN G
Address: 916 LAKE THOMAS LANE
City-St-Zip: LUTZ, FL 33548

Title: VD ( ) Delete
Name: MATERA, JOHN
Address: 914 LAKE SAPPHIRE LANE
City-St-Zip: LUTZ, FL 33548

Title: TD ( ) Delete
Name: GARCIA, CINDI
Address: 911 LAKE THOMAS LANE
City-St-Zip: LUTZ, FL 33548

Title: SD ( ) Delete
Name: CARLSON, KRIS
Address: 916 LAKE THOMAS LANE
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JARAMILLO, IVAN
Address: 908 LAKE THOMAS LANE
City-St-Zip: LUTZ, FL 33548

Title: VD (X) Change ( ) Addition
Name: WILLIAMS, PAM
Address: 906 LAKE SAPPHIRE LANE
City-St-Zip: LUTZ, FL 33548

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

Title: SD (X) Change ( ) Addition
Name: BRAYTON, ELLEN
Address: 917 LAKE SAPPHIRE LANE
City-St-Zip: LUTZ, FL 33548

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: CINDI GARCIA TD 03/28/2007
Electronic Signature of Signing Officer or Director Date