


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90044 029 ****61.25

DOCUMENT # N01000001056					
1. Entity Name LAKE TEMPLE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 650788 VERO BEACH, FL 32965-0788 US			Mailing Address P.O. BOX 650788 VERO BEACH, FL 32965-0788 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent MCKINNON, CHARLES W ESQ. 5070 N. HWY A-1-A, STE 200 VERO BEACH, FL 32963					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 FITZPATRICK, LOUIS		TITLE VPD	NAME JANET LEMMA	
STREET ADDRESS 410 E TEMPLE CT	CITY-ST-ZIP VERO BEACH, FL 32968		STREET ADDRESS 382 WEST TEMPLE CT	CITY-ST-ZIP VERO BEACH, FL 32968	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VPD	NAME BLENMAN, FRANK		TITLE VPD	NAME JOSEPH GADREAU	
STREET ADDRESS 5505 TEMPLE TERRACE	CITY-ST-ZIP VERO BEACH, FL 32968		STREET ADDRESS 425 E TEMPLE CT	CITY-ST-ZIP VERO BEACH, FL 32968	
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE SD	NAME LEMM, JANET		TITLE SD	NAME DIANE KUGELMAN	
STREET ADDRESS 382 WEST TEMPLE CIRCLE	CITY-ST-ZIP VERO BEACH, FL 32963		STREET ADDRESS 375 E. TEMPLE CT	CITY-ST-ZIP VERO BEACH, FL 32968	
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE ASD	NAME GROFF, CAROLYN		TITLE D	NAME TIMOTHY CRAWFORD	
STREET ADDRESS 5440 TEMPLE TERRACE	CITY-ST-ZIP VERO BEACH, FL 32968		STREET ADDRESS 350 E. TEMPLE CT	CITY-ST-ZIP VERO BEACH, FL 32968	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE TD	NAME SUTTON, DEANNA		TITLE 	NAME 	
STREET ADDRESS 5440 TEMPLE TERRACE	CITY-ST-ZIP VERO BEACH, FL 32968		STREET ADDRESS 	CITY-ST-ZIP 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: LOUIS FITZPATRICK <i>[Signature]</i> PRES			1-25-06 7725696476		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		