

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90834 035 ****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

40092890



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3731654

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINNON, CHARLES W ESQ.
5070 N. HWY A-1-A, STE 200
VERO BEACH, FL 32963

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEMMA, JANET	
STREET ADDRESS	382 W TEMPLE CT	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GADREAU, JOSEPH	
STREET ADDRESS	425 E TEMPLE CT	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KUGELMAN, DIANE	
STREET ADDRESS	375 E TEMPLE CT	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	GROFF, CAROLYN	
STREET ADDRESS	5440 TEMPLE TERRACE	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, DEANNA	
STREET ADDRESS	5440 TEMPLE TERRACE	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, TIMOTHY	
STREET ADDRESS	350 E TEMPLE CT	
CITY-ST-ZIP	VERO BEACH, FL 32968	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZPATRICK, LOUIS	
STREET ADDRESS	410 B. TEMPLE CT	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED HARK	
STREET ADDRESS	391 W. TEMPLE CT.	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD WOLFE	
STREET ADDRESS	5430 BNALE TERRACE	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 another like empowered.

SIGNATURE:

Louis Fitzpatrick

LOUIS FITZPATRICK

4-27-07

772.569.6476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #