

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003642

FILED
Jan 30, 2007
Secretary of State

Entity Name: THE GREATER LADY LAKE DOG PARK ASSOCIATION INC.

Current Principal Place of Business:

2748 PLAINRIDGE LOOP
LADY LAKE, FL 32162

New Principal Place of Business:

ROLLING ACRES SPORTS COMPLEX
LADY LAKE, FL 32162

Current Mailing Address:

P.O. BOX 1599
LADY LAKE, FL 32158

New Mailing Address:

FEI Number: 59-3713450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLUZZO, SHARON R
17252 SE 121ST AVENUE
SUMMERFIELD, FL 34491 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: P () Delete
Name: MARCHANT, NANCY
Address: 2748 PLAINRIDGE LOOP
City-St-Zip: THE VILLAGES, FL 32162

Title: VP () Delete
Name: SPOTTS, PAT
Address: 17324 98TH CIRCLE
City-St-Zip: SUMMERFIELD, FL 32162

Title: TT () Delete
Name: GALLUZZO, SHARON R
Address: 17252 SE 121ST AVE
City-St-Zip: STONECREST, FL 34491

Title: S () Delete
Name: JEFFRIES, SHARON
Address: 2051 CALLAWAY
City-St-Zip: THE VILLAGES, FL 32162

Title: T () Delete
Name: JACOBY, SUE
Address: 2422 AMBER CIRCLE
City-St-Zip: THE VILLAGES, FL 32162

Title: T () Delete
Name: GIBSON, ART
Address: 1006 SIERRA BLANCA CT
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GIRANIO, MARY
Address: 1213 FLORES AVE
City-St-Zip: THE VILLAGES, FL 32159

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

Title: S (X) Change () Addition
Name: BLEAUVELT, SUE
Address: 720 BOLIVAR ST
City-St-Zip: THE VILLAGES, FL 32159

Title: T (X) Change () Addition
Name: HALL, BOB
Address: 1148 CHAPARRAL DR
City-St-Zip: THE VILLAGES, FL 32159

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

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: SHARON R. GALLUZZO

MS

01/30/2007

Electronic Signature of Signing Officer or Director

_____ Date