


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90117 018 \*\*\*\*61.25

<b>DOCUMENT # N01000004398</b>	
1. Entity Name <b>MCLEOD GARDENS HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>616 2ND STREET SW WINTER HAVEN, FL 33880</b>	Mailing Address <b>616 2ND STREET SW WINTER HAVEN, FL 33880</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01102007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>03-0423552</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent
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**VAUGHN, JAMES O**  
**616 2ND STREET SW**  
**WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent
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Name **Laura V. Griffith**  
Street Address (P.O. Box Number is Not Acceptable)  
**616 2nd Street SW**  
City **Winter Haven** **FL** Zip Code **33880**

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  **Laura V. Griffith, Dir.** **1/17/07**  
Signature, typed or printed name of registered agent, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAUGHN, MARTHA H</b> <b>616 2ND STREET SW</b> <b>WINTER HAVEN, FL 33880</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kimberly A. Gossett, Dir.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>616 2nd Street SW</b> <b>Winter Haven, FL 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIFFITH, LAURA</b> <b>616 2ND STREET SW</b> <b>WINTER HAVEN, FL 33880</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **Laura V. Griffith, Dir.** **1/17/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

60003183

