


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90005 045 ****61.25

DOCUMENT # N02000001132	
1. Entity Name LOTTIE FARMS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1826 SOUTHWEST STATE ROAD 47 LAKE CITY, FL 32025	Mailing Address P.O. BOX 1733 LAKE CITY, FL 32056-1733
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DO NOT WRITE IN THIS SPACE

40015600



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 43-1949890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BULLARD, AUDREY S 1826 SOUTHWEST STATE ROAD 47 LAKE CITY, FL 32025

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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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BULLARD, AUDREY S 1826 SW SR 47 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BULLARD, ELIZABETH A 1826 SOUTHWEST STATE ROAD 47 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BULLARD, CHRIS A 1826 SOUTHWEST STATE ROAD 47 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Audrey S Bullard* 1/24/07 386 7554050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____