

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N02000002127

1. Entity Name
LAUDERHILL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
905 LAUDERHILL LANE
FT WALTON BEACH, FL 32547

Mailing Address
905 LAUDERHILL LANE
FT WALTON BEACH, FL 32547



04282007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3678798

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BRANNON, CHRIS
905 LAUDERHILL LANE
FT WALTON BEACH, FL 32547

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IN THIS SPACE**

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 renouncing)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
BRANNON, CHRIS
905 LAUDERHILL LANE
FT WALTON BEACH, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GIBSON, DARWIN JR
905 LAUDERHILL LANE
FT WALTON BEACH, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HARRIS, MARGARET
905 LAUDERHILL LANE
FT WALTON BEACH, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000757796
05/23/07-80086-017 61.25

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IN THIS SPACE**

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:

Christine C Brannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07 850.830.1352
Date Daytime Phone #