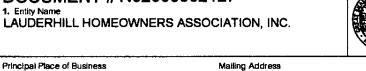
## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # N02000002127 1. Entity Name LAUDERHILL HOMEOWNERS ASSOCIATION, INC.

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



905 LAUDERHILL LANE

FT WALTON BEACH, FL 32547



DO NOT WRITE IN THIS SPACE

04282007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For 11-3678798 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

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

**SIGNATURE:** 

905 LAUDERHILL LANE

FT WALTON BEACH, FL 32547

## DO NOT WRITE 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. 1 am familiar with, and accept the obligations of registered agent.  |  |  |
|--|--|--|
| SIGNATURE Signature, typed or printed name of regulared agent and title if applicable. (NOTE: Regulared Agent arginiture required when remarkting)  DATE   |  |  |
| Filling Fee is \$61.25  Due by May 1, 2007  P. Election Campaign Financing Added to Fees   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |  |
| TIȚLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP  | PT<br>BRANNON, CHRIS<br>905 LAUDERHILL LANE<br>FT WALTON BEACH, FL 32547     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VP<br>GIBSON, DARWIN JR<br>'905 LAUDERHILL LANE<br>FT WALTON BEACH, FL 32547 | U00000757796<br>05/23/07-80086-017 61.25   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | S<br>HARRIS, MARGARET<br>905 LAUDERHILL LANE<br>FT WALTON BEACH, FL 32547    | DO NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | IN THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | •  |
| TITLE NAME "STREET ADORESS" "CITY-ST-ZIP"  |  | ار در الاراكات المنظم المن<br>المنظم المنظم المنظ |
| 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. |  |  |