


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90048 017 ****61.25

DOCUMENT # N02000002171

1. Entity Name
LAKE HELEN VILLA MANUFACTURED HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

135 MAPLE LANE
 LAKE HELEN FL 32744 135 MAPLE LANE
 LAKE HELEN FL 32744



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

03-0398971 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

SMITH, JOHN
135 MAPLE LANE
LAKE HELEN FL 32744

7. Name and Address of New Registered Agent

Name **DUDLEY SAGE**

Street Address (P.O. Box Number is Not Acceptable)
129 MAPLE LN

City **LAKE HELEN** **FL** Zip Code **32744**

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 *Dudley Sage* DATE 2/7/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, RUBY	
STREET ADDRESS	130 CYPRESS CIR	
CITY ST ZIP	LAKE HELEN FL 32744	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RASCOE, WILMA	
STREET ADDRESS	129 WILLOW DRIVE	
CITY ST ZIP	LAKE HELEN FL 32744	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEW, RANDY	
STREET ADDRESS	127 WILLOW DR	
CITY ST ZIP	LAKE HELEN FL 32744	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARONE, ANNA	
STREET ADDRESS	137 BIRCH LN	
CITY ST ZIP	LAKE HELEN FL 32744	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARASCO, ELIZABETH	
STREET ADDRESS	123 OAK LN	
CITY ST ZIP	LAKE HELEN FL 32744	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JOHN	
STREET ADDRESS	135 MAPLE LANE	
CITY ST ZIP	LAKE HELEN FL 32744	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY NUGENT	
STREET ADDRESS	134 CHESTNUT LN	
CITY ST ZIP	LAKE HELEN, FL 32744	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT MANZOL	
STREET ADDRESS	117 HICKORY LN	
CITY ST ZIP	LAKE HELEN, FL 32744	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUDLEY SAGE	
STREET ADDRESS	129 MAPLE LN	
CITY ST ZIP	LAKE HELEN, FL 32744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED SULLIVAN	
STREET ADDRESS	110 CYPRESS CIR.	
CITY ST ZIP	LAKE HELEN, FL 32744	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dudley Sage* **DUDLEY SAGE** DATE 2/7/07 TELEPHONE 386-228-9721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #