

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002416**  
 1. Entity Name  
**LAKE FOREST FARMS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **633 N.W. 8TH AVENUE GAINESVILLE FL 32601**  
 Mailing Address: **633 N.W. 8TH AVENUE GAINESVILLE FL 32601**

2. Principal Place of Business: Suite, Apt #, etc.  
 3. Mailing Address: Suite, Apt #, etc.  
 City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**HERKALO, DAVID L MR.**  
**633 N.W. 8TH AVENUE**  
**GAINESVILLE FL 32601**

4. FEI Number: **02-0618419** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2005**  
 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

|                                     |                                     |                                 |
|-------------------------------------|-------------------------------------|---------------------------------|
| TITLE: PD                           | NAME: HERKALO, DAVID L MR.          | <input type="checkbox"/> Delete |
| STREET ADDRESS: 633 N.W. 8TH AVENUE | CITY- ST- ZIP: GAINESVILLE FL 32601 |                                 |
| TITLE: VD                           | NAME: JOHNSON, ROBERT S MR.         | <input type="checkbox"/> Delete |
| STREET ADDRESS: 633 N.W. 8TH AVENUE | CITY- ST- ZIP: GAINESVILLE FL 32601 |                                 |
| TITLE: SD                           | NAME: WISE, ANDREW D MR.            | <input type="checkbox"/> Delete |
| STREET ADDRESS: 633 N.W. 8TH AVENUE | CITY- ST- ZIP: GAINESVILLE FL 32601 |                                 |
| TITLE: T                            | NAME: BEARDSLEY, CHERYL L MRS.      | <input type="checkbox"/> Delete |
| STREET ADDRESS: 633 N.W. 8TH AVENUE | CITY- ST- ZIP: GAINESVILLE FL 32601 |                                 |
| TITLE: _____                        | NAME: _____                         | <input type="checkbox"/> Delete |
| STREET ADDRESS: _____               | CITY- ST- ZIP: _____                |                                 |
| TITLE: _____                        | NAME: _____                         | <input type="checkbox"/> Delete |
| STREET ADDRESS: _____               | CITY- ST- ZIP: _____                |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                           |                      |                                                              |
|-------------------------------------------|----------------------|--------------------------------------------------------------|
| TITLE: _____                              | NAME: _____          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS: _____                     | CITY- ST- ZIP: _____ |                                                              |
| 1000000311936<br>04/18/05-80065-004 61.25 |                      |                                                              |
| TITLE: _____                              | NAME: _____          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS: _____                     | CITY- ST- ZIP: _____ |                                                              |
| TITLE: _____                              | NAME: _____          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS: _____                     | CITY- ST- ZIP: _____ |                                                              |
| TITLE: _____                              | NAME: _____          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS: _____                     | CITY- ST- ZIP: _____ |                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David Herkalo **DAVID HERKALO** 4-12-05 390-9115  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #