

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90206 009 \*\*\*\*61.25



**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



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0618419

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERKALO, DAVID L MR.  
 633 N.W. 8TH AVENUE  
 GAINESVILLE FL 32601

Name

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

City

**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 \_\_\_\_\_

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERKALO, DAVID L MR.	
STREET ADDRESS	633 N.W. 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ROBERT S MR.	
STREET ADDRESS	633 N.W. 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Dexter, Mr.	
STREET ADDRESS	84 NE 46th Terrace	
CITY-ST-ZIP	Gainesville, FL 32641	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WISE, ANDREW D MR.	
STREET ADDRESS	633 N.W. 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gaither, Alvin Mr.	
STREET ADDRESS	4522 NE 4th Road	
CITY-ST-ZIP	Gainesville, FL 32641	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BEARDSLEY, CHERYL L MRS.	
STREET ADDRESS	633 N.W. 8TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE	Secretary / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simmons, Dorothy Ms.	
STREET ADDRESS	4535 NE 1st Avenue	
CITY-ST-ZIP	Gainesville, FL 32641	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dexter S. Miller* Dexter S. Miller

4/20/06 (352) 271-4244