



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

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90183 020 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0618419	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERKALO, DAVID L MR. 633 N.W. 8TH AVENUE GAINESVILLE FL 32601			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 re-registering) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERKALO, DAVID L MR.	NAME			
STREET ADDRESS	633 N.W. 8TH AVENUE	STREET ADDRESS			
CITY - ST - ZIP	GAINESVILLE FL 32601	CITY - ST - ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MILLER, DEXTER	NAME	DeSue, Bridget		
STREET ADDRESS	84 NE 46TH TERR	STREET ADDRESS	153 NE 45th Terrace		
CITY - ST - ZIP	GAINESVILLE FL 32641	CITY - ST - ZIP	Gainesville, FL 32641		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GAITHER, ALVIN	NAME	Shupak, Kevin		
STREET ADDRESS	4522 NE 4TH RD.	STREET ADDRESS	319 NE 45th Terrace		
CITY - ST - ZIP	GAINESVILLE FL 32641	CITY - ST - ZIP	Gainesville, FL 32641		
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SIMMONS, DOROTHY	NAME	Shupak, Shannon		
STREET ADDRESS	4535 NE 1ST AVE.	STREET ADDRESS	319 NE 45th Terrace		
CITY - ST - ZIP	GAINESVILLE FL 32641	CITY - ST - ZIP	Gainesville, FL 32641		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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:  DAVID HERKALO		4-13-07		302-390-5119	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	