

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90035 001 ****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	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number 02-0618419				Applied For <input type="checkbox"/> Not Applicable
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 Bridget DeSue Street Address (P.O. Box Number is Not Acceptable) 153 NE 45th Terrace City Gainesville FL Zip Code 32641		

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 *Bridget R De Sue*

3-13-08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	D	<input checked="" 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESUE, BRIDGET		NAME		
STREET ADDRESS	153 NE 45TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32641		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUPAK, KEVIN		NAME		
STREET ADDRESS	319 NE 45TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32641		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUPAK, SHANNON		NAME	Georgia Bianchi	
STREET ADDRESS	319 NE 45TH TERRACE		STREET ADDRESS	261 NE 46th 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* **DAVID HERKALO** 3/12/08 352 380-5119