

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000002549

1. Entity Name
LAKE REBECCA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1404 KIMBERLY LANE
TARPON SPRINGS, FL 34689**

Mailing Address
**1404 KIMBERLY LANE
TARPON SPRINGS, FL 34689**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2061577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BERNSTEIN, MELVIN
1404 KIMBERLY LANE
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THORNBURGH, KEITH 1405 KIMBERLY LANE TARPON SPRINGS, FL 34689
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNIGHTON, JAMES E 1411 KIMBERLY LN TARPON SPRINGS, FL 34689
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BERNSTEIN, MELVIN 1404 KIMBERLY LANE TARPON SPRINGS, FL 34689
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSON, JAMES F 1402 KIMBERLY LANE TARPON SPRINGS, FL 34689
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/09/07-80039-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin Bernstein
Jan. 5, 2007

Date

Daytime Phone #

(727) 942-8968