

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90040 020 \*\*\*\*61.25

**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**

40000000



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

01032008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>41-2061577</b>	Applied For <input type="checkbox"/>
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	
<b>BERNSTEIN, MELVIN                  1404 KIMBERLY LANE                  TARPON SPRINGS, FL 34689</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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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	THORNBURGH, KEITH			NAME			
STREET ADDRESS	1405 KIMBERLY LANE			STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIGHTON, JAMES E			NAME			
STREET ADDRESS	1411 KIMBERLY LN			STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNSTEIN, MELVIN			NAME			
STREET ADDRESS	1404 KIMBERLY LANE			STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, JAMES F			NAME			
STREET ADDRESS	1402 KIMBERLY LANE			STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS, FL 34689			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			
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 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:** *Melvin Bernstein* **Melvin Bernstein** *1/3/08* **727-942-8968**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #