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

## May 01, 2006 08:00 AM Secretary of State DOCUMENT # N02000004085 1. Entity Name LAKE ENDERLY ESTATES PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 175 EAST SUMMERLIN ST. BARTOW FL 33830 P.O. BOX 174 BARTOW FL 39831 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 51-0426273 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOLAN, JOSEPH J Street Address (P.O. Box Number is Not Acceptable) 1674 WILLIAMSBURG SQUARE LAKELAND FL 33803 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 Signatura, typed or printed trame of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstiting) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **PSTD** ☐ Change 31718 Dejete F155 F Addition Addition HUTTO, JOHN L NAME NAME U00000548860 P.O. BOX 174 STREET ADDRESS STREET ADDRESS 05/12/06-80081-007 61.25 BARTOW FL 33831 CITY-S1-7P City-SI-282 ☐ Change □ Detete TITLE TITLE Addition HIGGENBOTHAM, MARTIN E NAME NAM 1666 WILLIAMSBURG SOUARE STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CHY-ST-ZIP CITY-ST-ZIP TITLE Delete ITTLE ☐ Change - Addition NAME NOLAN, JOSEPH J NAME STREET ADDRESS 1674 WILLIAMSBURG SOUARE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY - ST - ZIP ((I) F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Detete Ti72E DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-Z(P Oelete ☐ Change ☐ Addition TABLE RULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-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.

**FILED**