2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUN -8 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007657

1. Entity Name
LLOYD LAKEFRONT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 396 LLOYD, FL 32337	P. O. BOX 396 LLOYD, FL 32337

06052006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ 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
DOWLER, DONNA 509 QUAIL LANE MONTICELLO, FL 32344	Name WILLARD FULLER Street Address (P.O. Box Number is Not Acceptable) 119 MALLARD LANE City LLOYD, FL Zip Code 32337

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 Willard Fuller JUNE 8, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIVER, LARRY 25 BLUE JAY MONTICELLO, FL 32344	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WANDA BATTLE 1554 LAKE AVE. TALLAHASSEE, FL 32310 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BYNUM, ROGER 419 QUAIL LANE MONTICELLO, FL 32344	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D BRET CORLEY 170 WOOD DUCK LANE, N. MONTICELLO, FL 32344 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D FULLER, WILLARD ~~118~~ 119 MALLARD MONTICELLO, FL 32344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000076009270 06/09/06--01001--002 **70.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, CHRISTINE 899 QUAIL LN MONTICELLO, FL 32344	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P ROBERT LASKO 1671 KAY AVE. TALLAHASSEE ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DOWLER, DONNA L 509 QUAIL LANE MONTICELLO, FL 32344	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D DEBRA WELDON 9 WOOD DUCK SOUTH MONTICELLO, FL 32344 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VASQUEZ, SUE 39 THRASHER MONTICELLO, FL 32344	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Willard Fuller WILLARD FULLER 6-8-06 850-342-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #