2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007657

1. Entity Name
LLOYD LAKEFRONT HOMEOWNERS ASSOCIATION, INC.

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

Mailing Address
P. O. BOX 396
LLOYD, FL 32337

06052006 Chg-NP CR2E037 (4/06)

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
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

DOWLER, DONNA
509 QUAIL LANE
MONTICELLO, FL 32344

7. Name and Address of New Registered Agent

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

TITLE	D	☑ Delete
NAME	SHIVER, LARRY	
STREET ADDRESS	25 BLUE JAY	
CITY-ST-ZIP	MONTICELLO, FL 32344	

TITLE	P	☑ Delete
NAME	BYNUM, ROGER	
STREET ADDRESS	419 QUAIL LANE	
CITY-ST-ZIP	MONTICELLO, FL 32344	

TITLE	T/D	☐ Delete
NAME	FULLER, WILLARD	
STREET ADDRESS	~~118~~ 119 MALLARD	
CITY-ST-ZIP	MONTICELLO, FL 32344	

TITLE	D	☑ Delete
NAME	WILLIAMS, CHRISTINE	
STREET ADDRESS	899 QUAIL LN	
CITY-ST-ZIP	MONTICELLO, FL 32344	

TITLE	S	☑ Delete
NAME	DOWLER, DONNA L	
STREET ADDRESS	509 QUAIL LANE	
CITY-ST-ZIP	MONTICELLO, FL 32344	

TITLE	D	☑ Delete
NAME	VASQUEZ, SUE	
STREET ADDRESS	39 THRASHER	
CITY-ST-ZIP	MONTICELLO, FL 32344	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☑ Change ☐ Addition
NAME	WANDA BATTLE	
STREET ADDRESS	1554 LAKE AVE.	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	

TITLE	P/D	☑ Change ☐ Addition
NAME	BRET CORLEY	
STREET ADDRESS	170 WOOD DUCK LANE, N.	
CITY-ST-ZIP	MONTICELLO, FL 32344	

TITLE	☐ Change ☐ Addition
NAME	000076009270
STREET ADDRESS	06/09/06--01001--002 **70.00
CITY-ST-ZIP	

TITLE	V/P	☑ Change ☐ Addition
NAME	ROBERT LASKO	
STREET ADDRESS	1671 KAY AVE.	
CITY-ST-ZIP	TALLAHASSEE	

TITLE	S/D	☑ Change ☐ Addition
NAME	DEBRA WELDON	
STREET ADDRESS	9 WOOD DUCK SOUTH	
CITY-ST-ZIP	MONTICELLO, FL 32344	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 or 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 #

VP