

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N03000001422**

**1. Entity Name**  
**LAKE GERTRUDE PROPERTY OWNERS' ASSOCIATION,  
INC.**



**Principal Place of Business**  
**308 E 5 AVE  
MT DORA, FL 32757**

**Mailing Address**  
**308 E 5 AVE  
MT DORA, FL 32757**



**01052005 No Chg-NP CR2E037 (10/03)**

**4. FEI Number**  
**57-1155173**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**POTTER, DEL G  
308 E 5 AVE  
MT DORA, FL 32757**

**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, 2005**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>ANDERSEN, CARL C</b>
<b>STREET ADDRESS</b>	<b>1516 SYLVAN DR.</b>
<b>CITY-ST-ZIP</b>	<b>MOUNT DORA, FL 32757</b>
<b>TITLE</b>	<b>V</b>
<b>NAME</b>	<b>POTTER, DEL G</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 1191</b>
<b>CITY-ST-ZIP</b>	<b>MOUNT DORA, FL 32756</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>HALL, VICKI JO</b>
<b>STREET ADDRESS</b>	<b>2309 OVERLOOK DR.</b>
<b>CITY-ST-ZIP</b>	<b>MOUNT DORA, FL 32757</b>
<b>TITLE</b>	<b>T</b>
<b>NAME</b>	<b>HERNDON, ROBERT H</b>
<b>STREET ADDRESS</b>	<b>1545 HEIM RD.</b>
<b>CITY-ST-ZIP</b>	<b>MOUNT DORA, FL 32757</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>VAUGHN, STEPHEN C</b>
<b>STREET ADDRESS</b>	<b>1324 SYLVAN DR.</b>
<b>CITY-ST-ZIP</b>	<b>MOUNT DORA, FL 32757</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

1100000181895  
01/19/05-80006-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*[Handwritten Signature]*

**1-5-04**