
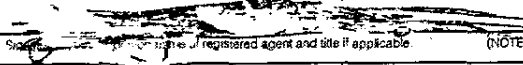



**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000003284</b>		
1. Entity Name <b>LINDGREN LAKE HOMEOWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>13020 SW 116 STREET MIAMI, FL 33186-4609</b>	Mailing Address <b>13020 SW 116 STREET MIAMI, FL 33186-4609</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BRAIN, JENNY V 13020 SW 116 STREET MIAMI, FL 33186-4609</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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  (NOTE: Registered Agent signature required when reinstating) DATE <b>1-8-06</b>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BRAIN, JENNY 13020 SW 116 STREET MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEIS, JOHN 12764 SW 112 TERR MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD, ROBERT 12981 SW 117 STREET MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KALDOR, MICHAEL 12930 SW 116 STREET MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOSA, RANDY 11404 SW 127 COURT MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEDINA, DYNIS 11640 SW 128 COURT MIAMI, FL 33186	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1-8-06</b> Daytime Phone #



01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

U00000383417  
01/12/06-80052-012 61.25

**DO NOT WRITE  
IN THIS SPACE**