

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 17, 2006
Secretary of State

DOCUMENT# N03000003537

Entity Name: LAKE BUTLER ESTATES ASSOCIATION, INC.**Current Principal Place of Business:**2293 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935 US**New Principal Place of Business:**PO BOX 4254
HAINES CITY, FL 33845 US**Current Mailing Address:**2293 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935**New Mailing Address:**PO BOX 4254
HAINES CITY, FL 33845 US**FEI Number:** 20-0889929**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HAWKES, RICHARD W
2293 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935 US**Name and Address of New Registered Agent:**LANE, PEGGY
331 TAVARES AVENUE
HAINES CITY, FL 33843 US

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.

SIGNATURE: PEGGY LANE

10/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAWKES, RICHARD W
Address: 2293 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935 US

Title: DS () Delete
Name: BYRNES, KATHRYN
Address: 2293 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LANE, PEGGY
Address: PO BOX 4254
City-St-Zip: HAINES CITY, FL 33845 US

Title: DVP (X) Change () Addition
Name: HARVIE, JESSICA
Address: PO BOX 4254
City-St-Zip: HAINES CITY, FL 33845 US

Title: DT () Change (X) Addition
Name: PEPPERMAN, SCARLETT
Address: PO BOX 4254
City-St-Zip: HAINES CITY, FL 33845 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCARLETT PEPPERMAN

DT

10/17/2006

Electronic Signature of Signing Officer or Director

Date