

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003537

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** LAKE BUTLER ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

331 TAVARES AVE  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4254  
HAINES CITY, FL 33845 US

**New Mailing Address:**

**FEI Number:** 20-0889929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANE, PEGGY  
331 TAVARES AVENUE  
HAINES CITY, FL 33843 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** LANE, PEGGY  
**Address:** PO BOX 4254  
**City-St-Zip:** HAINES CITY, FL 33845 US

**Title:** DT  
**Name:** HERNANDEZ, NYOMI  
**Address:** PO BOX 4254  
**City-St-Zip:** HAINES CITY, FL 33845 US

**Title:** DS  
**Name:** ANGLIN, TAMEEKA  
**Address:** POB 4254  
**City-St-Zip:** HAINES CITY, FL 33845

I hereby 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 all other like empowered.

**SIGNATURE:** TAMEEKA ANGLIN

DS

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date