
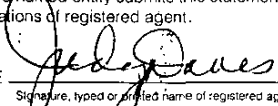
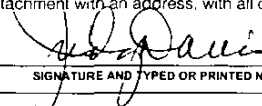


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90223 016 \*\*\*\*61.25

<b>DOCUMENT # N03000004462</b> 1. Entity Name <b>LUCKY WORLD OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1330 DEAN STILL RD DAVENPORT, FL 33897</b>		Mailing Address <b>1330 DEAN STILL RD DAVENPORT, FL 33897</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  <b>806 Lucky World Drive Davenport, FL 33897 USA</b>	
4. FEI Number <b>56-2370348</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCCRARY, PATRICIA 1330 DEAN STILL RD DAVENPORT, FL 33897</b>		7. Name and Address of New Registered Agent Name <b>Judy Davis</b> Street Address <b>806 Lucky World Drive</b> (table) <b>Davenport, FL 33897 USA</b> City <b>FL</b> Zip Code	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE   </div> <div style="width: 30%; text-align: center;">             Secretary  <b>Judy Davis</b> </div> <div style="width: 30%; text-align: right;">             DATE  <b>4/23/07</b> </div> </div> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PD</b> NAME <b>MCCRARY, MICHAEL</b> STREET ADDRESS <b>1330 DEAN STILL RD</b> CITY-ST-ZIP <b>DAVENPORT, FL 33897</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>President</b> NAME <b>Dennis Fields</b> STREET ADDRESS <b>207 Lucky World Court E</b> CITY-ST-ZIP <b>Davenport, FL 33897</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>STD</b> NAME <b>MCCRARY, PATRICIA</b> STREET ADDRESS <b>1330 DEAN STILL RD</b> CITY-ST-ZIP <b>DAVENPORT, FL 33897</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Vice President</b> NAME <b>Al Sanchez</b> STREET ADDRESS <b>131 E. Lucky World Court</b> CITY-ST-ZIP <b>Davenport, FL 33897</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE <b>Secretary</b> NAME <b>Judy Davis</b> STREET ADDRESS <b>806 Lucky World Drive</b> CITY-ST-ZIP <b>Davenport, FL 33897 USA</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE <b>Treasurer</b> NAME <b>Todd Schultz</b> STREET ADDRESS <b>208 Lucky World Court E</b> CITY-ST-ZIP <b>Davenport, FL 33897</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE <b>Director</b> NAME <b>Tom Lacey</b> STREET ADDRESS <b>1620 Lucky World Drive</b> CITY-ST-ZIP <b>Davenport, FL 33897</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Secretary <b>Judy Davis</b> Date <b>4/23/07</b> (523) 424-7065	