


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90190 037 \*\*\*\*61.25

<b>DOCUMENT # N03000009050</b> 1. Entity Name <b>LAKE COOPER LANDING HOMEOWNERS ASSOC., INC.</b>					
Principal Place of Business <b>18971 CROOKED LANE LUTZ, FL 33548</b>				Mailing Address <b>18971 CROOKED LANE LUTZ, FL 33548</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BROOKS, STEPHANIE 18975 CROOKED LANE LUTZ, FL 33548</b>				Name <b>BAADE, STEVEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>18971 Crooked Lane</b> City <b>Lutz</b> <b>FL</b> Zip Code <b>33548</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 <i>St. Baade President</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE <b>1/9/2006</b>	
<b>Filing Fee is \$61.25</b> <b>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>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAADE, STEVE</b>		NAME		
STREET ADDRESS	<b>18971 CROOKED LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LUTZ, FL 33548</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAADE, MELODY</b>		NAME		
STREET ADDRESS	<b>18971 CROOKED LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LUTZ, FL 33548</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KNOEPEL, SUZANNE</b>		NAME		
STREET ADDRESS	<b>18991 CROOKED LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LUTZ, FL 33548</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>St. Baade</i> <b>Steven Baade</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>1/9/2006</b> <b>813-878-3005</b> <small>Date Daytime Phone #</small>		