

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000150 1. Entity Name LEE FARM HOA , INC.	
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Principal Place of Business 4100 SOUTH FERDON BLVD. SUITE B1 CRESTVIEW FL 32536	Mailing Address 4100 SOUTH FERDON BLVD. SUITE B1 CRESTVIEW FL 32536
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 20-2052893
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
Country	Country	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**CASSADY, PAUL E
4100 SOUTH FERDON BLVD.
SUITE B1
CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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.

SIGNATURE *PAUL CASSADY* *PAUL* *1-17-06*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW. FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P CASSADY, PAUL E	<input type="checkbox"/> Delete
NAME	4100 SOUTH FERDON BLVD. SUITE B1	
STREET ADDRESS	CRESTVIEW FL 32536	
CITY-ST-ZIP		
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	MYERS, ROGER L	
STREET ADDRESS	4100 SOUTH FERDON BLVD. SUITE B1	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000395853
01/27/06-80008-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *PAUL CASSADY* *PAUL* *1-19-06* *BSO-602-7731*