

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N04000004590

1. Entity Name
LAKE HOBBS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**18560 N. DALE MABRY HWY.
LUTZ, FL 33548 US**

Mailing Address
**18560 N. DALE MABRY HWY.
LUTZ, FL 33548 US**



03222007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1222200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WESTER, J. MEREDITH
18560 N. DALE MABRY HWY.
LUTZ, FL 33548**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WESTER, CLINT
309 LAKE HOBBS ROAD
LUTZ, FL 33548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
FULLER, GEOFF
19111 CROOKED LANE ROAD
LUTZ, FL 33548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BROWN, HOLLEY
315 LAKE HOBBS ROAD
LUTZ, FL 33548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIDDICK, JAMES
19517 DEER LAKE RD
LUTZ, FL 33548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRANTHAM, HELEN
301 LAKE HOBBS ROAD
LUTZ, FL 33548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000683538
04/05/07-80046-022 61.25

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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:

Clint Wester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/07

Date

813/876.9083

Daytime Phone #