

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004590

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** LAKE HOBBS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

18560 N. DALE MABRY HWY.  
LUTZ, FL 33548 US

**New Principal Place of Business:**

**Current Mailing Address:**

18560 N. DALE MABRY HWY.  
LUTZ, FL 33548 US

**New Mailing Address:**

**FEI Number:** 20-1222200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WESTER, J. MEREDITH  
18560 N. DALE MABRY HWY.  
LUTZ, FL 33548 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: PD ( ) Delete  
Name: WESTER, CLINT  
Address: 309 LAKE HOBBS ROAD  
City-St-Zip: LUTZ, FL 33548

Title: VPD ( ) Delete  
Name: FULLER, GEOFF  
Address: 19111 CROOKED LANE ROAD  
City-St-Zip: LUTZ, FL 33548

Title: STD ( ) Delete  
Name: BROWN, HOLLEY  
Address: 315 LAKE HOBBS ROAD  
City-St-Zip: LUTZ, FL 33548

Title: D ( ) Delete  
Name: RIDDICK, JAMES  
Address: 19517 DEER LAKE RD  
City-St-Zip: LUTZ, FL 33548

Title: D ( ) Delete  
Name: GRANTHAM, HELEN  
Address: 301 LAKE HOBBS ROAD  
City-St-Zip: LUTZ, FL 33548

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLINT WESTER

PD

04/28/2008

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

\_\_\_\_\_  
Date