


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

03-30-2006 90035 034 ****61.25

DOCUMENT # N04000007523 1. Entity Name LAKE HENDRY HILLS HOME OWNERS ASSOCIATION, INC.	
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Principal Place of Business 5529 US 98 NORTH LAKELAND, FL 33809	Mailing Address 5529 US 98 NORTH LAKELAND, FL 33809
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66009920



01062008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0149767	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILHELM, KENNETH F 5529 US 98 NORTH LAKELAND, FL 33809
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D SAUNDERS, JOE L 5529 US 98 NORTH LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUNDERS, LEE 5529 US 98 NORTH LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILHELM, KENNETH F 5529 US 98 NORTH LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #