


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # N04000007523

1. Entity Name
 LAKE HENDRY HILLS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

5529 US 98 NORTH 5529 US 98 NORTH
 LAKELAND, FL 33809 LAKELAND, FL 33809

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01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 32-0149767 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILHELM, KENNETH F
 5529 US 98 NORTH
 LAKELAND, FL 33809

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 03/07/07-80047-021 61.25

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: _____ *Kenneth Wilhelm* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____