2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOOLINENT # NO 400007500



FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # N0400007523 1. Entity Name LAKE HENDRY HILLS HOME OWNERS ASSOCIATION, INC.						05-01-2008	90207 0	49 ****61	.25
5529 US 98 NORTH 5529 US		Mailing Address 5529 US 98 NORTH LAKELAND, FL 33809	US 98 NORTH			9626	Tara a c are a c are t		11161 8 1 1881:
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Numbe 32-0149				plied For
Zip Country		Zip	Country			of Status Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent	<u>-</u>		7. Name and	Address of New	Registered	Fee Require	a
			Name		7. 1101110 4110			-guint	
WILHELM, KENNETH F 5529 US 98 NORTH LAKELAND, FL 33809			Street A	reet Address (P.O. Box Number is Not Acceptable)					
LAVERAIN	D, FL 33609								
8 i 2"			City			-	FL	Zip Cod	9
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office o	r registere	ed agent, or boti	n, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signs	bute required v	when reinstating)		DATE		
1	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp	paign Financing		\$5.00 May Bo) Fic	Make chec	k payable tr	ate
Qui.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	_ ··	\$5.00 May Bo Added to Fees	Fic.	Make chec rida Depa	rtment of S	ate
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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 pustee 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 AND TYPES ON VILLAGE NAMED NAMED SIGNING OFFICER OR DIRECTOR

Daytime Phone #