2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007971

FILED Apr 15, 2006 Secretary of State

Entity Name: LAKE GIBSON SHORES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4915 SOUTHFORK DRIVE P.O. BOX 91272

LAKELAND, FL 33813 LAKELAND, FL 338041272

Current Mailing Address: New Mailing Address:

P.O. BOX 2537 P.O. BOX 91272

LAKELAND, FL 338062537 LAKELAND, FL 338041272

FEI Number: 20-1891672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JACOBS, DALE G

4915 SOUTHFORK DRIVE

LAKELAND, FL 33813 US

GILLEN, MATTHEW J

4836 ISLAND SHORES LANE

LAKELAND, FL 33809 US

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: MATTHEW J GILLEN 04/15/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: WAGNER, DANIEL F WAGNER, DANIEL F

 Address:
 745 SWANN DRIVE
 Address:
 4576 ISLAND SHORES LANE

 City-St-Zip:
 LAKELAND, FL 33809
 City-St-Zip:
 LAKELAND, FL 33809

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 WEST, PAUL
 Name:
 WEST, PAUL

 Address:
 745 SWANN DRIVE
 Address:
 4622 ISLAND SHORES LANE

City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33809

Title: ST () Delete Title: ST (X) Change () Addition Name: GILLEN, MATTHEW Name: GILLEN, MATTHEW

 Address:
 745 SWANN DRIVE
 Address:
 4836 ISLAND SHORES LANE

 City-St-Zip:
 LAKELAND, FL 33809
 LAKELAND, FL 33809

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 CARTER, MICHAEL J

 Address:
 Address:
 4831 ISLAND SHORES LANE

 City-St-Zip:
 City-St-Zip:
 LAKELAND, FL 33809

Title: () Delete Title: D () Change (X) Addition

Name:Name:SNODGRASS, ROBERT FAddress:Address:4848 ISLAND SHORES LANECity-St-Zip:City-St-Zip:LAKELAND, FL 33809

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW J GILLEN ST 04/15/2006