2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# N04000007971

Entity Name: LAKE GIBSON SHORES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 91272
LAKELAND, FL 338041272

New Principal Place of Business:

4836 ISLAND SHORES LANE
LAKELAND, FL 338041272

Current Mailing Address:

P.O. BOX 91272
LAKELAND, FL 338041272

New Mailing Address:

FEI Number: 20-1891672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GILLEN, MATTHEW J
4836 ISLAND SHORES LANE
LAKELAND, FL 33809 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: P ( ) Delete
Name: WAGNER, DANIEL F
Address: 4576 ISLAND SHORES LANE
City-St-Zip: LAKELAND, FL 33809

Title: VP ( ) Delete
Name: WEST, PAUL
Address: 4622 ISLAND SHORES LANE
City-St-Zip: LAKELAND, FL 33809

Title: ST ( ) Delete
Name: GILLEN, MATTHEW
Address: 4836 ISLAND SHORES LANE
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete
Name: CARTER, MICHAEL J
Address: 4831 ISLAND SHORES LANE
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete
Name: SNODGRASS, ROBERT F
Address: 4848 ISLAND SHORES LANE
City-St-Zip: LAKELAND, FL 33809

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: D (X) Change ( ) Addition
Name: STEVERSON, DONNA
Address: 4611 ISLAND SHORES LANE
City-St-Zip: LAKELAND, FL 33809

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: MATTHEW GILLEN ST 05/03/2007

Electronic Signature of Signing Officer or Director — Date