

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90022 006 ****70.00

DOCUMENT # N05000003102

1. Entity Name
LAKE CLUB HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
6215 LORRAINE RD.
BRADENTON, FL 34202

Mailing Address
6215 LORRAINE RD.
BRADENTON, FL 34202

40056340



2. Principal Place of Business - No P.O. Box #
14400 COVENANT WAY
Suite, Apt. #, etc.

3. Mailing Address
14400 COVENANT WAY
Suite, Apt. #, etc.

03012007 Chg-NP CR2E037 (12/06)

City & State
BRADENTON FL
Zip
34202
Country
USA

City & State
BRADENTON FL
Zip
34202
Country
USA

4. FEI Number
20-3487217
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DANAHY, THOMAS
6215 LORRAINE RD.
BRADENTON, FL 34202

7. Name and Address of New Registered Agent

Name PERKA, DANIEL J.
Street Address (P.O. Box Number is Not Acceptable)
14400 COVENANT WAY
City BRADENTON FL Zip Code 34202

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 Daniel J. Perka DANIEL J. PERKA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3.26.07

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOWE, TOM	
STREET ADDRESS	6215 LORRAINE RD	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WEBER, ROBERT	
STREET ADDRESS	6215 LORRAINE RD.	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WAGNER, HAROLD	
STREET ADDRESS	6215 LORRAINE RD.	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14400 COVENANT WAY	
CITY-ST-ZIP		
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14400 COVENANT WAY	
CITY-ST-ZIP		
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14400 COVENANT WAY	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMADIO, JEREE	
STREET ADDRESS	14400 COVENANT WAY	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert Weber ROBERT WEBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.26.07 757-1606