

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000054

FILED  
May 01, 2007  
Secretary of State

Entity Name: LAGO KATRINA SUBDIVISION, INC.

## Current Principal Place of Business:

500 SEMORAN BOULEVARD  
SUITE 2092  
CASSELBERRY, FL 327075343

## Current Mailing Address:

POST OFFICE BOX 180326  
CASSELBERRY, FL 327070326

## New Principal Place of Business:

500 SEMORAN BOULEVARD  
SUITE 2064  
CASSELBERRY, FL 327075343

## New Mailing Address:

POST OFFICE BOX 180326  
CASSELBERRY, FL 327180326

FEI Number: 20-4115461      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:

HILLEBRANDT, JOSEPH M  
500 SEMORAN BOULEVARD  
SUITE 2092  
CASSELBERRY, FL 327075343 US

## Name and Address of New Registered Agent:

HILLEBRANDT, JOSEPH M  
500 SEMORAN BOULEVARD  
SUITE 2064  
CASSELBERRY, FL 327075343 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: JOSEPH M HILLEBRANDT

05/01/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FRISZ, JEFF  
Address: 500 SEMORAN BOULEVARD SUITE 2092  
City-St-Zip: CASSELBERRY, FL 327075343

Title: D ( ) Delete  
Name: GRAYFORD, GUY  
Address: POST OFFICE BOX 1709  
City-St-Zip: MINNEOLA, FL 347551709

Title: D (X) Delete  
Name: GRAYFORD, JAMES R  
Address: POST OFFICE BOX 1822  
City-St-Zip: MINNEOLA, FL 347551822

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FRISZ, JEFF  
Address: 500 SEMORAN BOULEVARD SUITE 2064  
City-St-Zip: CASSELBERRY, FL 327075343

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEFF FRISZ

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date