

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002305

FILED
May 02, 2007
Secretary of State

Entity Name: LAKE HAMILTON GROVE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2580 CHANNEL WAY
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

2580 CHANNEL WAY
KISSIMMEE, FL 34746

New Mailing Address:

884 S DILLARD STREET
WINTER GARDEN, FL 34787

FEI Number: **FEI Number Applied For (X)** **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:

Name and Address of New Registered Agent:

WILLIAM N. ASMA, P.A.
884 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AKKERMAN, RUDOLF
Address: 2580 CHANNEL WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: KOPER-AKKERMAN, MARJON
Address: 2580 CHANNEL WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: STUT, MARGARET
Address: 2580 CHANNEL WAY
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AKKERMAN, RUDOLF
Address: 2580 CHANNEL WAY
City-St-Zip: KISSIMMEE, FL 34746

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: RUUD AKKERMAN

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date