

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003158

**FILED**  
**Feb 27, 2009**  
**Secretary of State**

**Entity Name:** LAKERIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

284 AVE. A. NW  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

3150 EAST LAKE HARTRIDGE DRIVE  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

PO BOX 383  
WINTER HAVEN, FL 33882

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

LEGGETT, LAURA L  
284 AVE. A NW  
WINTER HAVEN, FL 33880 US

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

LEGGETT, LAURA L  
3150 EAST LAKE HARTRIDGE DRIVE  
WINTER HAVEN, FL 33881 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:

02/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: BATTLE, JESSIE IV  
Address: 6936 MANGO AVE. S.  
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VPSD ( ) Delete  
Name: LEGGETT, LAURA L  
Address: 284 AVE. A NW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: SEC ( ) Delete  
Name: LEGGETT, LAURA  
Address: 284 AVE. A. NW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: TREA ( ) Delete  
Name: BATTLE, JESSE IV  
Address: 6936 MANGO AVE. S.  
City-St-Zip: SAINT PETERSBURG, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPSD (X) Change ( ) Addition  
Name: LEGGETT, LAURA L  
Address: 3150 EAST LAKE HARTRIDGE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: SEC (X) Change ( ) Addition  
Name: LEGGETT, LAURA  
Address: 3150 EAST LAKE HARTRIDGE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

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: LAURA LEGGETT

VPSD

02/27/2009

Electronic Signature of Signing Officer or Director

Date