

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000006529

1. Entity Name
LAKE JUNE WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
POB 1740
LAKE PLACID, FL 33862

Mailing Address
POB 1740
LAKE PLACID, FL 33862

FILED

08 APR 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
26-0376165

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHAPMAN, MICHAEL P
184 EAST INTERLAKE BLVD
LAKE PLACID, FL 33852

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
CHAPMAN, LORENA G
225 BLOSSOM DRIVE
SEBRING, FL 33875

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
DINAPOLI, JAMES J
126 LEMON ROAD
LAKE PLACID, FL 33852

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COMPTON, HOSMER
518 US 27 SOUTH
LAKE PLACID, FL 33852

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800129438358
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lorena Gause Chapman

1/11/08

863 465 9185