

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010128

FILED  
Jan 27, 2007  
Secretary of State

**Entity Name:** LIONS GATE OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8297 CHAMPIONS GATE, BOULEVARD #504  
CHAMPIONS GATE, FL 33896

**New Principal Place of Business:**

8297 CHAMPIONS GATE, BOULEVARD  
#504  
CHAMPIONS GATE, FL 33896

**Current Mailing Address:**

8297 CHAMPIONS GATE, BOULEVARD #504  
CHAMPIONS GATE, FL 33896

**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:**

MATTU, HARDY  
8297 CHAMPIONS GATE, BOULEVARD #504  
CHAMPIONS GATE, FL 33896 US

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

MATTU, HARDY  
8297 CHAMPIONS GATE, BOULEVARD  
#504  
CHAMPIONS GATE, FL 33896 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: \_\_\_\_\_

01/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MATTU, HARDY  
Address: 8297 CHAMPIONS GATE, BOULEVARD #504  
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: D ( ) Delete  
Name: MATTU, ALISON  
Address: 8297 CHAMPIONS GATE, BOULEVARD #504  
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: D ( ) Delete  
Name: HALL, PATTI L  
Address: 8297 CHAMPIONS GATE, BOULEVARD #504  
City-St-Zip: CHAMPIONS GATE, FL 33896

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

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

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 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: HARDY MATTU

D

01/27/2007

Electronic Signature of Signing Officer or Director

Date