2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 8:00 am Secretary of State

01-14-2008 90099 033 ****61.25

DOCUMENT # N07304

SIGNATURE:

1. Entity Name LAKE FOREST HOMEOWNER'S ASSOCIATION OF PALM COAST, INC.



P.O. BOX 353644 P		P.0.	Mailing Address P.O. BOX 353644 PALM COAST, FL 32135-3644			-		40°-			The state of the s	
2. Principal P	lace of Business - No P.O. Box #	3. Mai	ling Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01092008	Chg-NF	.	CR2E0	37 (12/06)	
City & State			City & State				4. FEI Numb 59-264				├ ──	Appliea For
Zip	Country	p	intry		5. Certificate of Status Desired \$8.75 Addition Fee Required					dditional		
	6. Name and Address of Current	Register	ed Agent				7. Name and	Address	of New Ro	egistered	Agent	
ANNON, FRED JR PALM COAST PROPERTY MGT 7 FLORIDA PARK DRIVE STE C PALM COAST, FL 32137			Street Addre			ddress (I	ss (P.O. Box Number is Nat Acceptable)					
	named entity submits this statement for ions of registered agent. Signature, typed or ontited name of registers agent.	and talle if app			_		ed agent, or bo				lamiliar will	
Filing Fee is \$61.25 Due by May 1, 2008			Election Carnpaign Financing Trust Fund Contribution.				\$5.00 May 8 Added to Fees	Зе			k payable rtment of	
10.	OFFICERS AND DI	11.			/	ADDITIONS/CH	ANGES TO	OFFICE	RS AND D	RECTORS	N 10	
TIT E NAME STREET ADDRESS OTY ST JIP	VPD BRYANT, MERLYN 15 PICKERING DR PALM COAST, FL 32164		∑ Delete								□ Change	☐ Addition
TITLE NAME STREET ADDRESS OUTY-ST ZIP	SD MARTIN, ANNA 41 LAKE FOREST PLACE PALM COAST, FL 32137		☐ Delete								☐ Change	☐ Addition
TITLE MAYE STREET ADDRESS CITY-ST ZIP	TD BEECHER, EDITH 5 LAKE FOREST PLACE PALM COAST, FL 32137		☐ Delete			5 La	ther, Edi the Fores Coast,	t Plac			⊠ Change	Addition
TITLE NAME STREET ADDRESS SITY STORE	PD HENDERSON, RAY C 17 FARRADAY LANE PALM COAST, FL 32137		☐ Delete								☐ Change	Addition
TITUE DAME STREET ADDRESS ON YEST - ZIP	D MOGA, MARY 22 LAKE FOREST COURT PALM COAST, FL 32137		☐ Delete					1.001			☐ Change	Addition
THITE NAME STREET ADDRESS CITY STI-ZIP			☐ Delete								☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver optrustee emp or on an attachment with an address,	s true and owered to	accurate and that reecute this report	ny signa as requi	ture shali h	ave the s	sarne legal elle	ct as if rnad	e under o	iath: that L	am an office	er or director.