2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14565

FILED Jan 18, 2006 Secretary of State

Entity Name: LAKE KIRKLAND SHORES SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6702 LAKE KIRKLAND DRIVE CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

6702 LAKE KIRKLAND DRIVE CLERMONT, FL 34711

FEI Number: 21-0168933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SIMON, JAMES K
6702 LAKE KIRKLAND CIRCLE
CLERMONT, FL 34711 US
SCHEXNAYDER, DANIEL
6702 LAKE KIRKLAND CIRCLE
CLERMONT, FL 34711 US
CLERMONT, FL 34711 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: DANIEL SCHEXNAYDER 01/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 BUTZIN, GEORGE
 Name:
 SCHEXNAYDER, DANIEL

 Address:
 6626 LAKE KIRKLAND DR.
 Address:
 6702 LAKE KIRKLAND DR.

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 CLERMONT, FL 34711

Title: SD () Delete Title: (X) Change () Addition Name: SIMON, CORA H Name: SCHEXNAYDER, AUDREY M Address: 6702 LAKE KIRKLAND DR. Address: 6702 LAKE KIRKLAND DR. City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

Title: TD (X) Delete Title: () Change () Addition

 Name:
 BUTZIN, VICKI
 Name:

 Address:
 6626 LAKE KIRKLAND DR.
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 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: DANIEL SCHEXNAYDER PD 01/18/2006