2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State
04-11-2007 90018 020 ****61.25

DOCUMENT # N16414

1. Entity Name

LOVELL TERRACE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2450 COUNTY RD 44 W EUSTIS FL 32726 US	PO BOX 578 APOPKA FL 32704-578 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2882261 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEWIS, SANDRA 2950 COUNTY ROAD 44 WEST EUSTIS FL 32726	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ADAMS, JEFF 230 LOVELL LN APOPKA FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT PATTY DAVIS 258 LOVELL LANE APOPKA FL 32703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT MATHES, PHILIP 226 LOVELL LANE APOPKA FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VICE PRESIDENT MATTHEW BEARCOCK 298 LOVELL LANE APOPKA FL 32703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLLOYD, ALLISON 237 LOVELL LANE APOPKA FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR ANA CASTRELLO-AITKERY 253 LOVELL LANE APOPKA FL 32703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEWIS, SANDRA 2950 COUNTY ROAD 44 WEST EUSTIS FL 32726	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR BARBARA BIRON 230 LOVELL LANE APOPKA FL 32703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAVIS, DEBBIE 289 LOVELL LANE APOPKA FL 32703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR BETSY THERIOT 209 LOVELL LANE APOPKA FL 32703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASUALDO, ELIZABETH 241 LOVELL LN APOPKA FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LISA FLEMING 210 LOVELL LANE TREASURER APOPKA FL 32703	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 3/28/2007 352 357-3555 ~~343~~-9