

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90007 022 ****61.25

DOCUMENT # N24771 1. Entity Name LAKE GRIFFIN HARBOR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7118 HARBOR VIEW DR LEESBURG, FL 34788			Mailing Address P O BOX 895162 LEESBURG, FL 34788 US		
2. Principal Place of Business 33395 WATER VIEW LN Suite, Apt. #, etc.		3. Mailing Address 33395 WATER VIEW LN Suite, Apt. #, etc.			
City & State LEESBURG FL		City & State LEESBURG FL		4. FEI Number 59-2884692	
Zip 34788		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGINNITY, JAMES 7118 HARBOR VIEW DR LEESBURG, FL 34788			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>James M. McGinnity Pres.</i></u> DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD MCGINNITY, JAMES 7118 HARBOR VIEW DR LEESBURG, FL 34788	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EIGEN, MARILYN 33120 DOCKSIDE LN LEESBURG, FL 34788	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAKA, DEE 7037 HARBOR VIEW DR LEESBURG, FL 34788	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIGHMAN, THELMA 7434 HARBOR VIEW DR LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SPEARS, WILLIAM J 7440 HARBOR VIEW DR LEESBURG, FL 34788	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TISDALE, BEVERLY 7335 HARBOR VIEW DR LEESBURG, FL 34788	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILTON SHABLE 33213 BRACHVIEW LEESBURG, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANCY BOSTICK 33201 BEACH VIEW LEESBURG, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u><i>William J. Spears Pres.</i></u>			3-10-06 352 319 9908		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		