## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N31589

FILED Feb 19, 2007 Secretary of State

Entity Name: LAKE DOROTHEA GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
8410 ANGE ZEPHYRHI	ELA CT LLS, FL 335	41 US						
Current Mailing Address:				New Maili	New Mailing Address:			
8410 ANGE ZEPHYRHI	ELA CT LLS, FL 335	41 US						
FEI Number: 59-2959820 FEI Number Applied For ( ) FEI I				FEI Number Not Appl	Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Current Registo	ered Agent:	Name and	Name and Address of New Registered Agent:				
	ELA CT. LLS, FL 335 named entity		tement for the pu	rpose of changing it	ts registere	ed office or registered	d agent, or both,	
SIGNATUR	E:							
Electronic Signature of Registered Agent				nt		Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VPD ( DEWITT, DAN 8445 ANGELA ZEPHYRHILLS	.CT.		Title: Name: Address: City-St-Zip:		() Change () Addition	1	
Title: Name: Address: City-St-Zip:	TD ( TURCOTTE, E 8408 JAQUEL ZEPHYRHILLS	INE CT		Title: Name: Address: City-St-Zip:	TD TURNER, W 8339 JAQU ZEPHYRHII		1	
Title: Name: Address: City-St-Zip:	AD ( CULLIN, WILL 8348 ANGELA ZEPHYRHILLS	.CT		Title: Name: Address: City-St-Zip:		() Change () Addition	1	
Title: Name: Address: City-St-Zip:	SD ( QUIGLEY, CA <sup>-</sup> 8410 ANGELA ZEPHYRHILLS	.CT		Title: Name: Address: City-St-Zip:	SD OVERTURF 8321 ANGE ZEPHYRHII		n	
Title: Name: Address: City-St-Zip:	PD ( MCMILLAN, E, 8428 ANGELA ZEPHYRHILLS	.CT		Title: Name: Address: City-St-Zip:		() Change () Addition	1	

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: U. OVERTURF SD 02/19/2007