

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90028 046 ****61.25

DOCUMENT # N32023

1. Entity Name
LAKEFIELD SOUTH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O GRS MANAGEMENT ASSOC.
3900 WOODLAKE BLVD., STE 309
LAKE WORTH, FL 33463 US**

Mailing Address
**C/O GRS MANAGEMENT ASSOC.
3900 WOODLAKE BLVD., STE 309
LAKE WORTH, FL 33463 US**

40051629



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

65-0124992

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LADWIG, PATTI H'ESQ.
WELLINGTON COUNTRY PLAZA
12765 W FOREST HILL BLVD STE 1317
WELLINGTON, FL 33414**

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

**Filing 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

TITLE
NAME
SD
COPELAND, DON
STREET ADDRESS
2188 COUNTRY GOLF DR
CITY-ST-ZIP
WELLINGTON, FL 33414 ☐ Delete

TITLE
NAME
PD
PUGLISI, ROBERT
STREET ADDRESS
2661 NEATON COURT
CITY-ST-ZIP
WELLINGTON, FL 33414 ☐ Delete

TITLE
NAME
TD
PAQUIN, WILLIAM
STREET ADDRESS
2581 NEATON COURT
CITY-ST-ZIP
WELLINGTON, FL 33414 ☐ Delete

TITLE
NAME
VPD
NIEBLING, CHRIS
STREET ADDRESS
2700 NEATON COURT
CITY-ST-ZIP
WELLINGTON, FL 33414 ☐ Delete

TITLE
NAME
D
DOHERTY, JOHN
STREET ADDRESS
2640 NEATON CT
CITY-ST-ZIP
WELLINGTON, FL 33414 ☐ Delete

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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☐ Change ☐ Addition
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TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Paquin
WILLIAM A. PAQUIN

3/30/2007

561 333042

Date

Daytime Phone #