2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State
03-25-2008 90013 001 ****61.25

DOCUMENT # N32269

1. Entity Name
LAKE VILLAGE HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 LAKE DR NOKOMIS, FL 34275 US	400 LAKE DR NOKOMIS, FL 34275 US

02062008 Chg-NP CR2E037 (12/06)

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 59-2353223 ☐ 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
KORP, WILLIAM R HUNTINGTON PLAZA 240 S. PINEAPPLE SARASOTA, FL 34236	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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	P DOERR, KAY 330 9TH ST NOKOMIS, FL 34275	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Vicky Peel 152 4th St. E., Nokomis, Fl. 34275	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PCEL, VICKI 154 4TH ST NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Tom Case, 198 3rd St. E., Nokomis, Fl. 34275	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOTHERSPOON, JOYCE 39 7TH ST E. NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Anna Doyle 304 8th Street, Nokomis, Fl. 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DOERR, KAY 330 9TH ST NOKOMIS, FL 34275	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director George Martin 129 5th St. W., Nokomis, Fl. 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCGRGOR, ROSE 37 7TH ST. W. NOKOMIS, FL 34275	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director P.J. Allen 109 Circle Drive, Nokomis, Fl., 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASE, THOMAS 198 3RD E.. ST NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Andy Partridge, 197 3rd St. E., Nokomis, Fl. 34275	☐ Change ☒ 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: A M Doyle 3/20/08 941-486-0531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #