

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N32840



1. Entity Name
**LAKE GIBSON VILLAGE HOMEOWNERS ASSOCIATION,
INC.**

Principal Place of Business
**P O BOX 92033
LAKELAND, FL 33804-2033**

Mailing Address
**P O BOX 92033
LAKELAND, FL 33804-2033**



03142007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KASSMAN, REYNA M
251 GRANITE DRIVE
LAKELAND, FL 33809**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, SEAN 203 GRANITE DRIVE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KASSMAN, REYNA 251 GRANITE DR LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WESTLEY, VALJEANNE 241 GRANITE DRIVE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PETERS, NICOLE 212 GRANITE DRIVE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHEA, PATRICIA 243 GRANITE DRIVE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, MARGARET 205 MARBLE LANE LAKELAND, FL 33809

000000673090
03/29/07-80014-021 61.25

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IN THIS SPACE**

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: Reyna M Kassar Reyna M Kassar 3/14/07 863 534-5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #