


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90048 025 \*\*\*\*70.00

**DOCUMENT # N34108**  
 1. Entity Name  
**LAKE SHORE HILLS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**3106 SANDY CIR**      **3106 SANDY CIR**  
**HAINES CITY FL 33844**      **HAINES CITY FL 33844**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
**3106 SANDY CIRCLE**      **3106 SANDY CIRCLE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State  
**HAINES CITY, FL**      **HAINES CITY, FL**  
 Zip      Country      Zip      Country  
**33844**      **US**      **33844**      **US**

4. FEI Number      Applied For  
**65-0035724**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MONTGOMERY, NANCY L**  
**3106 SANDY CIR**  
**HAINES CITY FL 33844**

7. Name and Address of New Registered Agent  
 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: *Nancy L. Montgomery* (NANCY L. MONTGOMERY) SECRETARY, 3-28-06  
Signature, typed or printed name of registered agent and when applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	PD	<input type="checkbox"/> Delete
NAME	CHAPPELL, SARA	
STREET ADDRESS	3107 SANDY CIR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POWERS, DAVID	
STREET ADDRESS	3108 SANDY CIR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TEMPLES, SAMANTHA	
STREET ADDRESS	3110 SANDY CIR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, NANCY	
STREET ADDRESS	3106 SANDY CIR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEMPLES, HANK W	
STREET ADDRESS	3110 SANDY CIR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCBRYAR, MAC	
STREET ADDRESS	3112 SANDY CIR	
CITY-ST-ZIP	HAINES CITY FL 33844	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID POWERS	
STREET ADDRESS	3108 SANDY CIRCLE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPELL, SARA	
STREET ADDRESS	3107 SANDY CIRCLE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMELA POWERS	
STREET ADDRESS	3108 SANDY CIRCLE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY MONTGOMERY	
STREET ADDRESS	3106 SANDY CIRCLE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL CARPENTER	
STREET ADDRESS	3113 SANDY CIRCLE	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Nancy L. Montgomery* (NANCY L. MONTGOMERY) 3-28-06 863-422-0289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Duplicating Phone #