

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90061 005 \*\*\*\*61.25

**DOCUMENT # N35598**

1. Entity Name  
**DEEANN LAKEFRONT ESTATES HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**DEEANN LAKEFRONT ESTATES  
143 S. RIDGEWOOD DR  
SEBRING, FL 33870 US**

Mailing Address  
**DEEANN LAKEFRONT ESTATES  
409 STEPHEN DR.  
LAKE PLACID, FL 33852-5379 US**



2. Principal Place of Business  
**409 Stephen Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-NP CR2E037 (10/03)

City & State  
**Lake Placid, FL**

City & State

4. FEI Number  
**59-3021017**

Applied For  
Not Applicable

Zip  
**33852**

Country  
**US**

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

**SAPP, KIMBERLY L.  
401 DAI HALL BLVD.  
LAKE PLACID, FL 33852**

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, 2005**

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  
CARMEN, COLVIN  
304 STEPHEN DR.  
LAKE PLACID, FL 338525639** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Jennings, James L.  
210 Stephen Drive  
Lake Placid, FL 33852** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
SPEAKMAN, DANIEL  
301 STEPHEN DR.  
LAKE PLACID, FL 338525639** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Tribbett, Norman H.  
801 Chelsee Way  
Lake Placid, FL 33852** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MALINOWSKI, PHILIP  
403 STEPHEN DRIVE  
LAKE PLACID, FL 33852** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Sheppard, Walter O.  
709 Chelsee Way  
Lake Placid, FL 33852** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SMITH, ALFRED  
706 CHELSE WAY  
LAKE PLACID, FL 33852** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ATD  
Jeannin, Edward M.  
308 Stephen Drive  
Lake Placid, FL 33852** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
JEANNIN, ED  
308 STEVEN DR.  
LAKE PLACID, FL 33852** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**B  
Sheppard, Virginia R.  
709 Chelsee Way  
Lake Placid, FL 33852** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Hargraves, Clay  
501 Chelsee Way  
Lake Placid, FL 33852** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Edward M. Jeannin*  
4-26-05