2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2006
Secretary of State

DOCUMENT# N35598

Entity Name: DEEANN LAKEFRONT ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

409 STEPHEN DRIVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

DEEANN LAKEFRONT ESTATES
409 STEPHEN DR.
LAKE PLACID, FL 338525379 US

New Mailing Address:

FEI Number: 59-3021017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	JENNINGS, JAMES L	
Address:	210 STEPHEN DRIVE	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	VPD	( ) Delete
Name:	SPEAKMAN, DANIEL	
Address:	301 STEPHEN DR.	
City-St-Zip:	LAKE PLACID, FL 338525639	
Title:	T	( ) Delete
Name:	SHEPPARD, WALTER O	
Address:	709 CHELSEE WAY	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	ATD	( ) Delete
Name:	JEANNIN, EDWARD M	
Address:	308 STEPHEN DRIVE	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	SHEPPARD, VIRGINIA R	
Address:	709 CHELSEE WAY	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	HARGRAVES, CLAY	
Address:	501 CHELSEE WAY	
City-St-Zip:	LAKE PLACID, FL 33852	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	TRIBETT, NORMAN	
Address:	801CHELSEE WAY	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	TD	(X) Change ( ) Addition
Name:	JEANNIN, EDWARD M	
Address:	308 STEPHEN DRIVE	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L JENNINGS PD 03/11/2006

Electronic Signature of Signing Officer or Director — Date