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

## Mar 03, 2006 8:00 am Secretary of State DOCUMENT # N36695 1. Entity Name 03-03-2006 90123 018 \*\*\*\*61.25 LAKE PIPPIN PROPERTY OWNERS' ASSOCIATION. Principal Place of Business Mailing Address 811 PIPPIN DR 811 PIPPIN DR NICEVILLE FL 32578 NICEVILLE FL 32578 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3004043 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARTANI, MYRNA L Street Address (P.O. Box Number is Not Acceptable) 811 PIPPIN DR NICEVILLE FL 32578 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE MCGINNIS ALLEN POT ☐ Delete TITLE Change NAME CAKERMAN, DON 1028 CHOCTAWATCHEE NAME 1022 CHOOTAWATCHEE STREET ADDRESS STREET ADDRESS NICEVILLE FL 32578 CITY-ST-ZIP CITY-ST-ZIP VPT TITLE ☐ Delete Change TITLE DugLAS BHUCK HOLTAWATCHER [ ] Addition MCGINNIES, ALLEN NAME NAME STREET ADDRESS 1028 CHOCTAWATCHEE STREET ADDRESS NICEVILLE FL 32578 CITY-ST-ZIE CITY-ST-ZIP STT TITLE ☐ Delete Addition Change PARTANI, MYRNA L. PARTANI, MYRNA L NAME NAME SAMB 811 PIPPIN DR STREET ADDRESS STREET ADDRESS BII PIPPIN DR. CITY-ST-7IP NICEVILLE FL 32578 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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.

2-22-06 850,897-3740

FILED