


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90046 019 ****61.25

DOCUMENT # N36982 1. Entity Name LAKE YALE LANDING HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 627 N. DONNELLY ST MT DORA, FL 32757 US	Mailing Address P.O. BOX 1371 EUSTIS, FL 32727 US
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3040891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SYKES-AMOS, PATRICIA A
627 N DONNELLY ST
MONT DORA, FL 32757**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$81.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLEE, BARRY 2734 BAYVIEW DR. EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DANAHY, RONALD 2745 BAYVIEW DR EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALLEE, NICOLE 2728 BAYVIEW DR EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PICOLA, MARTHA 2632 WATERVIEW DR. EUSTIS, FL 327266903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: MARTHA J. PICOLA 1-5-06 352-357-8551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 8551