


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90080 017 ****61.25

DOCUMENT # N36982	
1. Entity Name LAKE YALE LANDING HOMEOWNERS' ASSOCIATION, INC.	

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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3040891	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SYKES-AMOS, PATRICIA A 627 N DONNELLY ST MONT DORA FL 32757

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	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME VALLEE, BARR STREET ADDRESS 2734 BAYVIEW DR. CITY-ST-ZIP EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete
TITLE VPD NAME DANAHY, RONALD STREET ADDRESS 2745 BAYVIEW DR CITY-ST-ZIP EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete
TITLE SD NAME VALLEE, NICOLE STREET ADDRESS 2728 BAYVIEW DR CITY-ST-ZIP EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete
TITLE TD NAME PICOLO, MARTHA STREET ADDRESS 2632 WATERVIEW DR. CITY-ST-ZIP EUSTIS FL 32726-6903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME TIMOTHY TOTTEN STREET ADDRESS 2617 WATERVIEW DR CITY-ST-ZIP EUSTIS, FL 32726	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME MIKE WEST STREET ADDRESS 2611 WATERVIEW DR CITY-ST-ZIP EUSTIS, FL 32726	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME BEVERLY-MOORE STREET ADDRESS 2628 WATERVIEW DR CITY-ST-ZIP EUSTIS, FL 32726	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME ANDREW VASSOS STREET ADDRESS 2705 BAYVIEW DR CITY-ST-ZIP EUSTIS, FL 32726	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:		4/23/07	321-287-0628
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>