



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2008 8:00 am**  
**Secretary of State**

08-20-2008 90002 003 \*\*\*\*61.25

|  |                   |  |                |   |  |
|--|-------------------|--|----------------|---|--|
| <b>DOCUMENT # N36982</b><br>1. Entity Name<br><b>LAKE YALE LANDING HOMEOWNERS' ASSOCIATION, INC.</b>   |                   |  |                |                |  |
| Principal Place of Business <i>2611 WATERVIEW</i> Mailing Address<br><del>627 N. DONNELLY ST</del> <i>P.O. BOX 1371</i><br><del>MT DORA, FL 32757</del> <i>US EUSTIS, FL 32726</i> <b>EUSTIS, FL 32727 US</b>  |                   |  |                |               |  |
| 2. Principal Place of Business - No P.O. Box #   |                   | 3. Mailing Address   |                | 08172008 Chg-NP CR2E037 (12/06)   |  |
| Suite, Apt. #, etc.  |                   | Suite, Apt. #, etc.  |                | 4. FEI Number<br><b>59-3040891</b>  |  |
| City & State   |                   | City & State   |                | Applied For<br>Not Applicable   |  |
| Zip  | Country           | Zip  | Country        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |                   |  |                | 7. Name and Address of New Registered Agent   |  |
| Name   |                   |  |                | Name <b>MICHAEL WEST</b>  |  |
| Street Address (P.O. Box Number is Not Acceptable)   |                   |  |                | Street Address <b>2611 WATERVIEW</b>  |  |
| City   |                   |  |                | City <b>EUSTIS</b>  |  |
|  |                   |  |                | FL Zip Code <b>32726</b>  |  |
| 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 <i>[Signature]</i>   |                   |  |                | DATE <b>8/18/2008</b>   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   |                   |  |                |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 12, 2008</b>   |                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |                   |  |                |   |  |
| 10. OFFICERS AND DIRECTORS   |                   |  |                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE  | PD                | <input type="checkbox"/> Delete  | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | TOHEN, TIMOTHY    |  | NAME           |   |  |
| STREET ADDRESS   | 2617 WATERVIEW DR |  | STREET ADDRESS |   |  |
| CITY-ST-ZIP  | EUSTIS, FL 32726  |  | CITY-ST-ZIP    |   |  |
| TITLE  | VPD               | <input type="checkbox"/> Delete  | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | WEST, MIKE        |  | NAME           |   |  |
| STREET ADDRESS   | 2611 WATERVIEW DR |  | STREET ADDRESS |   |  |
| CITY-ST-ZIP  | EUSTIS, FL 32726  |  | CITY-ST-ZIP    |   |  |
| TITLE  | SD                | <input type="checkbox"/> Delete  | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | MOORE, BEVERLY    |  | NAME           |   |  |
| STREET ADDRESS   | 2628 WATERVIEW DR |  | STREET ADDRESS |   |  |
| CITY-ST-ZIP  | EUSTIS, FL 32726  |  | CITY-ST-ZIP    |   |  |
| TITLE  | TD                | <input type="checkbox"/> Delete  | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   | VASSUS, ANDREW    |  | NAME           |   |  |
| STREET ADDRESS   | 2705 BAYVIEW DR   |  | STREET ADDRESS |   |  |
| CITY-ST-ZIP  | EUSTIS, FL 32726  |  | CITY-ST-ZIP    |   |  |
| TITLE  |                   | <input type="checkbox"/> Delete  | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |                   |  | NAME           |   |  |
| STREET ADDRESS   |                   |  | STREET ADDRESS |   |  |
| CITY-ST-ZIP  |                   |  | CITY-ST-ZIP    |   |  |
| TITLE  |                   | <input type="checkbox"/> Delete  | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME   |                   |  | NAME           |   |  |
| STREET ADDRESS   |                   |  | STREET ADDRESS |   |  |
| CITY-ST-ZIP  |                   |  | CITY-ST-ZIP    |   |  |
| 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: <i>[Signature]</i>  |                   |  |                | DATE <b>8/18/2008</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                   |  |                |   |  |
| Daytime Phone #  |                   |  |                |   |  |

ATTACHMENT  
40113937

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Patricia A. Sykes-Amos

(Name of Registered Agent)

hereby resigns as Registered Agent for Lake Yale Landing Homeowners' Association,

(Name of Corporation)

N36982

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Patricia A. Sykes-Amos, CPA

(Typed or Printed Name)

(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314