

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

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90012 030 \*\*\*\*61.25

**DOCUMENT # N38147**

1. Entity Name

LAKE BONNET VILLAGE COOPERATIVE, INC.



Principal Place of Business

Mailing Address

2900 E. LAKE BONNET RD.  
AVON PARK FL 33825-7702  
US

2900 E. LAKE BONNET RD.  
AVON PARK FL 33825-7702  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3125807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, SCOTT E ESQ.  
240 SOUTH PINEAPPLE AVE.  
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SCHWEINHAGEN, DALE  
STREET ADDRESS 2900 E. LAKE BONNET RD.  
CITY-ST-ZIP AVON PARK FL 33825

TITLE T ☐ Change ☒ Addition  
NAME HAZEN, JOHN  
STREET ADDRESS 2900 E LAKE BONNET RD  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE VP ☐ Delete  
NAME LAMP, EARL  
STREET ADDRESS 2900 E. LAKE BONNET RD  
CITY-ST-ZIP AVON PARK FL 33825

TITLE D ☐ Change ☒ Addition  
NAME TOWNSEND, BYRON  
STREET ADDRESS 2900 E LAKE BONNET RD  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE S ☐ Delete  
NAME HAVEN, LINDA  
STREET ADDRESS 2900 E. LAKE BONNET RD.  
CITY-ST-ZIP AVON PARK FL 33825

TITLE D ☐ Change ☒ Addition  
NAME SAEGEBRECHT, PAUL  
STREET ADDRESS 2900 E LAKE BONNET RD  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE T ☒ Delete  
NAME HUNT, ILENE  
STREET ADDRESS 2900 E. LAKE BONNET RD.  
CITY-ST-ZIP AVON PARK FL 33825

TITLE D ☐ Change ☒ Addition  
NAME MEDEMA, RON  
STREET ADDRESS 2900 E LAKE BONNET RD  
CITY-ST-ZIP AVON PARK FL 33825

TITLE D ☒ Delete  
NAME ANDREWS, HOPE  
STREET ADDRESS 2900 EAST LAKE BONNET ROAD  
CITY-ST-ZIP AVON PARK FL 33825

TITLE D ☐ Change ☒ Addition  
NAME ELDRED, MARILYN  
STREET ADDRESS 2900 E LAKE BONNET RD  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE D ☐ Delete  
NAME BLITZ, PAUL  
STREET ADDRESS 2900 E. LAKE BONNET RD.  
CITY-ST-ZIP AVON PARK FL 33825

TITLE ☐ Change ☐ Addition  
NAME  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 863-385-7010

Date

Daytime Phone #