

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39934

FILED
Mar 07, 2007
Secretary of State

Entity Name: LAKE DEXTER MOORINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1443 GRAND CAYMAN CR
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

PO BOX 272
WAVERLY, FL 33877

New Mailing Address:

FEI Number: 59-2717837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARNOFSKY, WILLIAM
1439 GRAND CAYMAN CIRCLE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SVPD () Delete
Name: BROWN, HORACE W
Address: 1425 GRAND CAYMAN CIR
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD () Delete
Name: KARNOFSKY, WILLIAM
Address: 1439 GRAND CAYMAN CIR
City-St-Zip: WINTER HAVEN, FL 33884

Title: SVPD () Delete
Name: BROOKENS, CHIP
Address: 1450 GRAND CAYMAN CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD () Delete
Name: HOLDENER, DAVID E
Address: 1433 GRAND CAYMAN CIR
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: BROOKENS, DALE
Address: 1432 GRAND CAYMAN CR
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVPD (X) Change () Addition
Name: CHAPP, ALLEN E
Address: 1405 GRAND CAYMAN CIR
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. HOLDENER

TD

03/07/2007

Electronic Signature of Signing Officer or Director

Date