

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-13-2006 90008 033 ****61.25

DOCUMENT # N43232 1. Entity Name LAKE HARRIS LANDING RESIDENTS ASSOCIATION, INC.																	
Principal Place of Business 28326 LOFT MOUNTAIN DR. LEESBURG, FL 34748			Mailing Address 28326 LOFT MOUNTAIN DR. LEESBURG, FL 34748														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.															
City & State		City & State															
Zip	Country	Zip	Country														
4. FEI Number 59-3072421			Applied For ☐ Not Applicable														
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required														
6. Name and Address of Current Registered Agent BURKETT, CLIFF 28237 RIVER RUN LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name Alstott, Irene Street Address (P.O. Box Number is Not Acceptable) 28505 Helena Run Dr City Leesburg FL Zip Code 34748														
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: <u>Irene Alstott</u> 2-8-06 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating))																	
Filing Fee is \$61.25 Due by May 1, 2006		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																	
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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: <u>Irene Alstott</u> 2-8-06 352-360-1361 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	

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ATTACHMENT

60014592

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(Signature, typed or printed name of registered agent and title, if applicable)		(NOTE: Registered Agent signature required when relocating)	
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SIGNATURE: <i>Irene Alstott</i>		DATE 2-08-06 352-360-1361	
(Signature and typed or printed name of signing officer or director)		Date Daytime Phone #	