


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90124 035 \*\*\*\*61.25

<b>DOCUMENT # N43877</b> 1. Entity Name <b>LINDSEY LANES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4820 48TH AVE</b> <b>VERO BEACH, FL 32967 US</b>				Mailing Address <b>4820 48TH AVE</b> <b>VERO BEACH, FL 32967 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04202008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>65-0364465</b>	
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	
<b>MCKINNON, CHARLES W</b> <b>3405 OCEAN DRIVE</b> <b>VERO BEACH, FL 32963</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERNACKI, EDWARD</b> <b>4860 48TH AVE</b> <b>VERO BEACH, FL 32967</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERT SNYDER</b> <b>4865 48TH AVE</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>CRESPO, BARB</b> <b>5045 47TH PLACE</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LOUISE ATKINSON</b> <b>4810 48th. AVE</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHEEHAN, ROBERT</b> <b>4765 48TH AVE</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHARON DeFOREST</b> <b>4910 48th PLACE</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BATTJES, JOHN</b> <b>4790 49TH AVE</b> <b>VERO BEACH, FL 32967</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JULIEN, WILLIAM</b> <b>4785 47TH CT</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DEMONTIGNEY, ROBERT</b> <b>4800 47TH CT</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Delete	TITLE 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 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.					
<b>SIGNATURE: <i>Barbara L. Crespo</i></b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/21/2008</b> Daytime Phone # <b>772 696 1024</b>					