

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90038 032 ****61.25

DOCUMENT # N44094 1. Entity Name LAKE ELLEN SHORES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business LAKE ELLEN SHORES H.O. ASSOC P.O. BOX 1122 CRAWFORDVILLE, FL 32326 US			Mailing Address LAKE ELLEN SHORES H.O. ASSOC P.O. BOX 1122 CRAWFORDVILLE, FL 32326 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3120232	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
WEBSTER, WILLIAM H. COURTHOUSE SQUARE CRAWFORDVILLE, FL 32327		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, STEVE		NAME	SKEENS, BONNIE	
STREET ADDRESS	64 LAKE ELLEN SHORES DR		STREET ADDRESS	137 LAKE ELLEN SHORES DR.	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANZARINO, FRANK		NAME	FARIS, RON	
STREET ADDRESS	395 EMMETT WHALEY RD		STREET ADDRESS	96 LAKE ELLEN SHORES DR.	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RUBY		NAME	NICHOLS, RANDY	
STREET ADDRESS	64 LAKE ELLEN SHORES DR		STREET ADDRESS	2 LAKESIDE COVE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	BAUMAN, EARL		NAME		
STREET ADDRESS	88 LAKE ELLEN SHORES DR		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	UNSERWOOD, KATHY		NAME		
STREET ADDRESS	11 CREEK SIDE COVE		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE			TITLE		
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 817, 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>Steve Smith</i> - STEVE SMITH			1/17/06 850-926-4936		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		