

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90020 036 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3120232	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBSTER, WILLIAM H. COURTHOUSE SQUARE CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)				DATE _____	
Filing 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 NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, STEVE 64 LAKE ELLEN SHORES DR CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TIM HOUCK 10 LAKE ELLEN SHORES DR. CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PANZARINO, FRANK 395 EMMETT WHALEY RD CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, RUBY 64 LAKE ELLEN SHORES DR CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAUMAN, EARL 88 LAKE ELLEN SHORES DR CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARIS, RON 96 LAKE ELLEN SHORES DR. CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKEENS, BONNIE 137 LAKE ELLEN SHORES DR. CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <i>Ruby L. Smith</i> (RUBY L. SMITH) 2/21/07 926-4936					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					