

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N45731

1. Entity Name
**LINDALE ESTATES PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**158 LINDALE STREET
LAKELAND, FL 33809**

Mailing Address
**158 LINDALE STREET
LAKELAND, FL 33809**



03022008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3221241

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHEELER, MATTHEW F
158 LINDALE STREET
LAKELAND, FL 33809**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000881720
04/16/08-80011-019 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WHEELER, MATTHEW F
STREET ADDRESS 158 LINDALE STREET
CITY-ST-ZIP LAKELAND, FL 33809

TITLE TSD
NAME LEIGH, CAROLYN
STREET ADDRESS P.O. BOX 3909
CITY-ST-ZIP WINTER HAVEN, FL 33885

TITLE VD
NAME JEWETT, KEVIN
STREET ADDRESS 151 LINDALE ST
CITY-ST-ZIP LAKELAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Matthew F. Wheeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/08

Date

863-284-1559

Daytime Phone #