

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46110

FILED
Apr 14, 2006
Secretary of State

Entity Name: LAKE OLYMPIA-LAKE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1583 E. SILVER STAR RD.
BOX 200
OCOE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

1583 E. SILVER STAR RD.
BOX 200
OCOE, FL 34761 US

New Mailing Address:

FEI Number: 59-3111190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBS, ROBERT L TREASUR
160 HERCULES CT
OCOE, FL 34761 US

Name and Address of New Registered Agent:

GIBBS, ROBERT L
160 HERCULES CT
OCOE, FL 34761 US

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.

SIGNATURE: ROBERT L. GIBBS

04/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHNACKY, LANCE
Address: 1236 HAWTHORNE COVE DR
City-St-Zip: OCOE, FL 34761

Title: VPD () Delete
Name: LANG, LAURA
Address: 1224 HAWTHORNE COVE DR
City-St-Zip: OCOE, FL 34761

Title: TD () Delete
Name: MCKINNON, DAVE
Address: 126 ILIAD CT
City-St-Zip: OCOE, FL 34761

Title: SD (X) Delete
Name: JAMIESON, JENEVE
Address: 1218 HAWTHORNE COVE
City-St-Zip: OCOE, FL 34761

Title: D (X) Delete
Name: GIBBS, R L
Address: 160 HERCULES CT
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANG, LAURA
Address: 1224 HAWTHORNE COVE DR
City-St-Zip: OCOE, FL 34761 US

Title: D (X) Change () Addition
Name: JAMIESON, JENEVE
Address: 1218 HAWTHORNE COVE DR
City-St-Zip: OCOE, FL 34761 US

Title: D (X) Change () Addition
Name: GIBBS, ROBERT L
Address: 160 HERCULES CT
City-St-Zip: OCOE, FL 34761 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. GIBBS

SD

04/14/2006

Electronic Signature of Signing Officer or Director

Date