

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N46398

1. Entity Name

LAKE GEORGIA HOMEOWNERS ASSOCIATION, INC.



FILED
Mar 11, 2005 08:00 AM
Secretary of State

Principal Place of Business

P.O. BOX 40
GOLDENROD FL 32733

Mailing Address

P.O. BOX 40
GOLDENROD FL 32733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3163568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADFORD, DAVID
9909 LAKE GEORGIA DR
ORLANDO FL 32817

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

3/8/05
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRADFORD, DAVID	
STREET ADDRESS	PO BOX 40	
CITY - ST - ZIP	GOLDENROD FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, KEN	
STREET ADDRESS	PO BOX 40	
CITY - ST - ZIP	GOLDENROD FL 32703	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUFF, CAROL	
STREET ADDRESS	PO BOX 40	
CITY - ST - ZIP	GOLDENROD FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANCALARI, ED	
STREET ADDRESS	PO BOX 40	
CITY - ST - ZIP	GOLDENROD FL 32733	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWEET, SUSIE	
STREET ADDRESS	P.O. BOX 40	
CITY - ST - ZIP	GOLDENROD FL 32733	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURNS, BUCK	
STREET ADDRESS	PO BOX 40	
CITY - ST - ZIP	GOLDENROD FL 32703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000258916
STREET ADDRESS	03/12/05-800003-002 61.27
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05
Date

Daytime Phone #