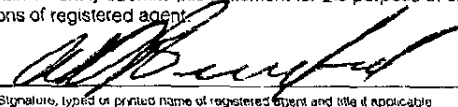


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N46398 1. Entity Name LAKE GEORGIA HOMEOWNERS ASSOCIATION, INC.					
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-3163568		
5. Certificate of Status Desired ☐		Applied For Not Applicable			
6. Name and Address of Current Registered Agent BRADFORD, DAVID 9909 LAKE GEORGIA DR ORLANDO FL 32817		7. Name and Address of New Registered Agent 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 re-registering) 2-22-06 DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	P BRADFORD, DAVID PO BOX 40 GOLDENROD FL 32703	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, KEN PO BOX 40 GOLDENROD FL 32703	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUFF, CAROL PO BOX 40 GOLDENROD FL 32703	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANCALARI, ED PO BOX 40 GOLDENROD FL 32733	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWEET, SUSIE P.O. BOX 40 GOLDENROD FL 32733	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNS, BUCK PO BOX 40 GOLDENROD FL 32703	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 files empowered.					



1st MOORE CR2E037 (10/05)

**\$8.75 Additional
Fee Required**

U00000447685
03/08/06-80067-002 61.25