


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N46595 1. Entity Name LAKE GIBSON VILLAGE HOMEOWNERS ASSOCIATION, INC. PHASE TWO	
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Principal Place of Business 5714 GRANITE LANE LAKELAND, FL 33809 US	Mailing Address PO BOX 93612 LAKELAND, FL 33804 US
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DO NOT WRITE IN THIS SPACE



07122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3118076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRELL, EDUARDO F ESQ 187 LAKE MORTON DRIVE LAKELAND, FL 33801
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERESID, HERMAN 5714 GRANITE LANE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOHNSON, KARA 5712 GRANITE LANE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, MICHELLE 5724 GRANITE LANE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/17/07-80006-012 70.00

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: 	Date: 7-12-07	Daytime Phone #: 863 698 2022
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		