

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

**FILED**

**Jan 28, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # N46595**

1. Entity Name  
**LAKE GIBSON VILLAGE HOMEOWNERS ASSOCIATION,  
INC. PHASE TWO**



Principal Place of Business  
**5714 GRANITE LANE  
LAKELAND, FL 33809 US**

Mailing Address  
**PO BOX 93612  
LAKELAND, FL 33804 US**



01232008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**MORRELL, EDUARDO F ESQ  
187 LAKE MORTON DRIVE  
LAKELAND, FL 33801**

**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

**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	
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02/01/08-80060-011 61.25

**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 an officer like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-08