

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90097 023 ****61.25

DOCUMENT # N47748

1. Entity Name

LAKE LOUISA & LAKE NELLIE OAKS HOMEOWNERS' ASSN., INC.



Principal Place of Business

P.O. BOX 120561
CLERMONT FL 34712

Mailing Address

P.O. BOX 120561
CLERMONT FL 34712



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3122921

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

LALIBERTE, RON
11629 NELLIE OAKS BEND
CLERMONT FL 34711

Name

Dave Koepsell

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

9116 Mossy Oak Lane

City

Clermont

FL

Zip Code
34711

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

Ron Laliberte

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

4/24/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: P ☒ Delete
NAME: LALIBERTE, RONALD
STREET ADDRESS: 11629 ELLIE OAKS BEND
CITY-STATE-ZIP: CLERMONT FL

TITLE: David Koepsell ☒ Change ☐ Addition
NAME: David Koepsell
STREET ADDRESS: 9116 Mossy Oak Lane
CITY-STATE-ZIP: Clermont, Florida 34711

TITLE: V ☐ Delete
NAME: CAVANAGH, JOHN
STREET ADDRESS: 11634 NELLIE OAKS BEND
CITY-STATE-ZIP: CLERMONT FL 34711

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ST ☒ Delete
NAME: HEFFRON, NORMA
STREET ADDRESS: 9035 MOSSY OAK LAKE
CITY-STATE-ZIP: CLERMONT FL 34711

TITLE: Mona Atkinson ☒ Change ☐ Addition
NAME: Mona Atkinson
STREET ADDRESS: 11449 Nellie Oaks Bend
CITY-STATE-ZIP: Clermont, Florida 34711

TITLE: D ☒ Delete
NAME: KOEPSSELL, DAVID
STREET ADDRESS: 9116 MOSSY OAK LN
CITY-STATE-ZIP: CLERMONT FL 34711

TITLE: Matt Beard ☒ Change ☐ Addition
NAME: Matt Beard
STREET ADDRESS: 9152 Mossy Oak Lane
CITY-STATE-ZIP: Clermont, Florida 34711

TITLE: D ☐ Delete
NAME: BUCHANAN, DEVON
STREET ADDRESS: 9110 MOSSY OAK LANE
CITY-STATE-ZIP: CLERMONT FL 34711

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☒ Delete
NAME: DOOLAN, TOM
STREET ADDRESS: 11601 NELLIE OAKS BEND
CITY-STATE-ZIP: CLERMONT FL 34711

TITLE: Dave Rakoci ☒ Change ☐ Addition
NAME: Dave Rakoci
STREET ADDRESS: 9011 Mossy Oak Lane
CITY-STATE-ZIP: Clermont, Florida 34711

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 like empowered.

SIGNATURE:

Norma Heffron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07 352 242 9286

Date

Daytime Phone #