

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N49718 1. Entity Name LAKE ELBERT COURT HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 814 LAKE ELBERT CT WINTER HAVEN, FL 33881	Mailing Address 814 LAKE ELBERT CT WINTER HAVEN, FL 33881 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="text-align: right;">01102005 No Chg-NP CR2E037 (10/03)</div>		
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BRUCE, TONJES 814 LAKE ELBERT CT WINTER HAVEN, FL 33881		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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: <i>Bruce Tonjes - President</i> DATE: <i>January 10, 2005</i> <small>(Signature, typed or printed name of registered agent and office, if applicable. (NOTE: Registered Agent signature required when reappointing))</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	BRUCE, TONJES	
STREET ADDRESS	814 LAKE ELBERT CT	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	SD	
NAME	MOORE, BETTY J	
STREET ADDRESS	816 LAKE ELBERT COURT	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	TD	
NAME	GILMORE, GENEVA	
STREET ADDRESS	826 LAKE ELBERT COURT NE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	VD	
NAME	BARRY, WALKER	
STREET ADDRESS	821 LAKE ELBERT CT	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 119.07(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: <i>Bruce Tonjes - President</i> Date: <i>1-10-05</i> (863) 534-0521 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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01/21/05-80043-017 61.25

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IN THIS SPACE**