


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N49718 1. Entity Name LAKE ELBERT COURT HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 814 LAKE ELBERT CT WINTER HAVEN, FL 33881	Mailing Address 814 LAKE ELBERT CT WINTER HAVEN, FL 33881 US
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRUCE, TONJES 814 LAKE ELBERT CT WINTER HAVEN, FL 33881
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 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 BRUCE, TONJES 814 LAKE ELBERT CT WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, BETTY J 816 LAKE ELBERT COURT WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILMORE, GENEVA 826 LAKE ELBERT COURT NE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRY, WALKER 821 LAKE ELBERT CT WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/08/07-80052-009 61.25

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/29/07 <small>Date</small>	863 682-6151 <small>Daytime Phone #</small>
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