

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 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**



01072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BRUCE, TONJES  
814 LAKE ELBERT CT  
WINTER HAVEN, FL 33881**

**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**

**000000786270**  
**01/17/08-80033-025 61.25**

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    |                          |

**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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Geneva Gilmore Treas.* 1-16-08 863 682-6157