


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90011 044 \*\*\*\*61.25

<b>DOCUMENT # N50402</b>	
1. Entity Name PAYNE LAKES HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 2802 PARADISE LAKES ROAD CHIPLEY, FL 32428 US	Mailing Address PO BOX 838 LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE



08042007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For 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

MOORE, ARVIN C  
3189 PIONEER RD.  
VERNON, FL 32462

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, ALAN H <del>RT 3, BOX 1342</del> 1703 OHIO AVE. PANAMA CITY, FL LYNN HAVEN FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, PATRICIA I 580 1ST STREET CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOORE, ARVIN C 3189 PIONEER ROAD VERNON, FL 32462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, SUZANNE 919 DELAWARE AVE. LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Patricia Ilene Green* *Patricia Ilene Green* 8/3/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #