

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90041 001 \*\*\*\*61.25

**DOCUMENT # N93000001440**

1. Entity Name

LAKE DAMON SOUTH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

344 GROVE CIRCLE  
AVON PARK FL 33825

Mailing Address

303 PEABODY CIR  
AVON PARK FL 33825  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number  
65-0401623

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

KEPPLER, ELAINE  
344 GROVE CIRCLE  
AVON PARK FL 33825

Name

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

City

FL

Zip Code

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

*Elaine Keppler*

ELAINE KEPPLER

2/10/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KEPPLER, RON	
STREET ADDRESS	344 GROVE CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HEMMINGER, JERRY	
STREET ADDRESS	330 GROVE CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILEY, PAT	
STREET ADDRESS	302 GROVE CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SEIFART, GEORGIA	
STREET ADDRESS	340 GROVE CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEIL, HARRY	
STREET ADDRESS	358 GROVE CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNDT, DALE	
STREET ADDRESS	331 PEABODY CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY NEIL	
STREET ADDRESS	358 GROVE CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE MUNDT	
STREET ADDRESS	331 PEABODY CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY KETTERER	
STREET ADDRESS	356 GROVE CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA THERRIEN	
STREET ADDRESS	311 PEABODY CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY WALLACE	
STREET ADDRESS	304 PEABODY CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEN KEGHER SR.	
STREET ADDRESS	333 GROVE CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Linda Therrien* Linda Therrien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-09-05

Date

403-8392

Daytime Phone #