

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90127 026 \*\*\*\*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.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

65-0401623

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KEPLER, 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 P. KEPLER

(NOTE: Registered Agent signature required when re-registering)

DATE

3/11/06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME NEIL, HARRY  
STREET ADDRESS 358 GROVE CIRCLE  
CITY-ST-ZIP AVON PARK FL 33825

TITLE P.D. ☐ Change ☒ Addition  
NAME TERRY LEWIS  
STREET ADDRESS 330 PEABODY CIRCLE  
CITY-ST-ZIP AVON PARK FL. 33825

TITLE VD ☒ Delete  
NAME MUNOT, DALE  
STREET ADDRESS 331 PEABODY CIRCLE  
CITY-ST-ZIP AVON PARK FL 33825

TITLE VD ☒ Change ☐ Addition  
NAME JERRY WALLACE  
STREET ADDRESS 304 PEABODY CIRCLE  
CITY-ST-ZIP AVON PARK FL. 33825

TITLE SD ☒ Delete  
NAME KETTERER, BETTY  
STREET ADDRESS 356 GROVE CIRCLE  
CITY-ST-ZIP AVON PARK FL 33825

TITLE SD ☐ Change ☒ Addition  
NAME JIM BESSETTE  
STREET ADDRESS 346 GROVE CIRCLE  
CITY-ST-ZIP AVON PARK FL. 33825

TITLE TD ☐ Delete  
NAME THERRIEN, LINDA  
STREET ADDRESS 311 PEABODY CIRCLE  
CITY-ST-ZIP AVON PARK FL 33825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WALLACE, JERRY  
STREET ADDRESS 304 PEABODY CIRCLE  
CITY-ST-ZIP AVON PARK FL 33825  
MOVE TO VD

TITLE D. ☒ Change ☒ Addition  
NAME KENNETH KOON  
STREET ADDRESS 322 GROVE CIRCLE  
CITY-ST-ZIP AVON PARK FL. 33825

TITLE D ☐ Delete  
NAME KEGLER, GLEN SR  
STREET ADDRESS 333 GROVE CIRCLE  
CITY-ST-ZIP AVON PARK FL 33825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

3/11/06