2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State
05-04-2007 90082 017 ****61.25

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1. Entity Name

LAKE DAMON SOUTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
344 GROVE CIRCLE AVON PARK FL 33825	303 PEABODY CIR AVON PARK FL 33825 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 P. Keppler 4/20/07
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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEWIS, TERRY 330 PEABODY CIRCLE AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALLACE, JERRY 304 PEABODY CIRCLE AVON PARK FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP JAMES SELIG 319 GROVE CIRCLE AVON PARK FL. 33825 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BESSETTE, JIM 346 GROVE CIRCLE AVON PARK FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LARRY ROY 334 GROVE CIRCLE AVON PARK FL. 33825 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THERRIEN, LINDA 311 PEABPDY CIRCLE AVON PARK FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD RALPH DAY 304 GROVE CIRCLE AVON PARK FL. 33825 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOON, KENNETH 322 GROVE CIRCLE AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KEGLER, GLEN SR 333 GROVE CIRCLE AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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: Terry H Lewis 4/20/07 863-452-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #