

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90010 020 \*\*\*\*61.25

<b>DOCUMENT # N93000003345</b>					
<b>1. Entity Name</b> LAKE PIERCE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5070 LAKE PIERCE DRIVE LAKE WALES, FL 33898 US			<b>Mailing Address</b> 5070 LAKE PIERCE DRIVE LAKE WALES, FL 33898 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>FRAZO, JIM</b> 5070 LAKE PIERCE DRIVE LAKE WALES, FL 33898				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> SD <b>NAME</b> FRAZO, JIM <b>STREET ADDRESS</b> 5070 LAKE PIERCE DR <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> MACCALLUM, DUNCAN <b>STREET ADDRESS</b> 5040 LAKE PIERCE DR <b>CITY-ST-ZIP</b> LAKE WALES, FL 33853	<input type="checkbox"/> Delete				
<b>TITLE</b> VD <b>NAME</b> DICKERSON, MAUREEN <b>STREET ADDRESS</b> 5080 LAKE PIERCE DR <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> REEVES, FAYE <b>STREET ADDRESS</b> 4979 LAKE PIERCE DRIVE <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> D'BRYON, TRAVIS T <b>STREET ADDRESS</b> 4981 LAKE PIERCE DR <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> DICKERSON, MAUREEN <b>STREET ADDRESS</b> 5080 LAKE PIERCE DRIVE <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> DICKERSON, MAUREEN <b>STREET ADDRESS</b> 5080 LAKE PIERCE DRIVE <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> PD <b>NAME</b> REEVES, FAYE <b>STREET ADDRESS</b> 4979 LAKE PIERCE DRIVE <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> DICKERSON, MAUREEN <b>STREET ADDRESS</b> 5080 LAKE PIERCE DRIVE <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VD <b>NAME</b> SANDY SHIELDS <b>STREET ADDRESS</b> 4985 LAKE PIERCE DRIVE <b>CITY-ST-ZIP</b> LAKE WALES, FL 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Jim Frazo</i> (JIM FRAZO)				Date: 1/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 963-437-7805	

ATTACHMENT

40008807

#19300003345

**Block 10:**

Maureen Dickerson was listed twice in 2006. Should only have been listed once as VD

**Block 11:**

Maureen was Vice President in 2006. In 2007 she will be President / Director.

Faye Reeves was President in 2006. In 2007 she will be a Director.

Sandy Shields will be the new Vice president for 2007

 1/20/07

Jim Prazo, Secretary Lake Pierce Home owners Association Inc.