

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90053 047 ****61.25

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01112007 Chg-NP CR2E037 (12/06)

DOCUMENT # N94000000985 1. Entity Name LOGLAKE VILLAGE AT PELICAN LANDING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business HAYDEN & ASSOCIATES 8359 BEACON BLVD, SUITE 213 FORT MYERS, FL 33907 US			Mailing Address HAYDEN & ASSOCIATES 21301 S TAMiami TRAIL, STE 320 PMB 335 ESTERO, FL 33928 US		
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 65-0507166	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYDEN & ASSOCIATES 21301 SOUTH TAMiami TRAIL SUITE 320, PMB 335 ESTERO, FL 33928			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUIS, PHILIPS		NAME		
STREET ADDRESS	3349 WILDWOOD LAKE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RELLY, PETER		NAME	Kelley, Peter	
STREET ADDRESS	3353 WILDWOOD LAKE CIR		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TONER, FRANK		NAME	Wiren, Paul	
STREET ADDRESS	3317 WILDWOOD LAKE CIR		STREET ADDRESS	3473 Lakecrest Dr.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEURER, MIKE		NAME		
STREET ADDRESS	3373 WILDWOOD LAKE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STANG, TOM		NAME	Dixon, Eileen	
STREET ADDRESS	3474 LAKE CREST DR.		STREET ADDRESS	3480 Cedar Lake Ct.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			1/11/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		