

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90063 045 ****61.25

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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**

40018000



2. Principal Place of Business, No P.O. Box #
8910 Terrene Ct. / SW FL, LLC

3. Mailing Address
8910 Terrene Ct. / SW FL LLC

Suite, Apt. #, etc.
Suite 200

01032008 Chg-NP CR2E037 (12/06)

City & State
Bonita Springs, FL

Zip
34135

Country
USA

4. FEI Number
65-0507166

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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 **Ralph L. Weidner**
Gulf Breeze Mnt. Svcs. of SW FL, LLC
 Street Address (P.O. Box Number is Not Acceptable)
8910 Terrene Court
 Suite 200
 City **Bonita Springs** FL Zip Code **34135**

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 **Ralph L. Weidner** *Ralph L. Weidner* 1/22/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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	S LOUIS, PHILIPS 3349 WILDWOOD LAKE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEY, PETER 3353 WILDWOOD LAKE CIR BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIREN, PAUL 3473 LAKECREST DR BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Reynolds, Judy 3457 Lake Crest Drive Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEURER, MIKE 3373 WILDWOOD LAKE BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Caron, Blanche 3337 Wildwood Lake Circle Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIXON, EILEEN 3480 CEDAR LAKE CT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Eileen M. Dixon* 1/22/08 (239) 287-9234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # vb