

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

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90080 045 ****61.25

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1. Entity Name

**LAKE BESS COUNTRY CLUB PROPERTY OWNER'S
ASSOCIATION, INC.**



Principal Place of Business

**218 GOLF AIRE BLVD.
WINTER HAVEN FL 33884**

Mailing Address

**218 GOLF AIRE BLVD.
WINTER HAVEN FL 33884**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3376839

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

**WILLIAMS, ROBERT L JR
225 E PARK AVE
LAKE WALES FL 33853**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**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

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **VOSE, JOYCE**
CITY-ST-ZIP **235 GOLF AIRE BLVD
WINTER HAVEN FL 33884**

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **REICHEL, ARDIS**
CITY-ST-ZIP **247 GOLF AIRE BLVD
WINTER HAVEN FL 33884**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HEYLMAN, JEANNE**
CITY-ST-ZIP **239 GOLFAIRE BLVD
WINTER HAVEN FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BEERNINK, JOHN**
CITY-ST-ZIP **229 GOLF AIRE BLVD
WINTER HAVEN FL 33884**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HENSLEY, RALPH**
CITY-ST-ZIP **200 GOLF AIRE BLVD
WINTER HAVEN FL 33884**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MELTON, WAYNE**
CITY-ST-ZIP **234 GOLF AIRE BLVD
WINTER HAVEN FL 33884**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **JAMES LEXSEN**
CITY-ST-ZIP **250 GOLF AIRE BLVD
WINTER HAVEN FL 33884**

TITLE ☐ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **DANELLE WOLF**
CITY-ST-ZIP **257 GOLF AIRE BLVD
WINTER HAVEN FL 33884**

TITLE ☒ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS **JEANNE HEYMAN**
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **DUANE DIES**
CITY-ST-ZIP **230 GOLF AIRE BLVD
WINTER HAVEN FL 33884**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **THEODORE CARMICHAEL**
CITY-ST-ZIP **206 GOLF AIRE BLVD
WINTER HAVEN FL 33884**

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: *James H. T...*

2/18/06 863/326-9171