


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90180 030 ****70.00

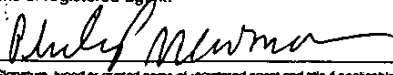
DOCUMENT # N94000002945	
1. Entity Name LAKE PEMBROKE HOME OWNERS ASSOCIATION, INC.	

Principal Place of Business 12740 SW PEMBROKE CIR N LAKE SUZY, FL 34219 US	Mailing Address P.O. BOX 494624 PORT CHARLOTTE, FL 33949-4624 US
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2. Principal Place of Business - No P.O. Box # 12720 S.W. PEMBROKE CIR. N.	3. Mailing Address Suite, Apt. #, etc.
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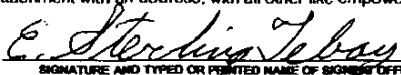
City & State LAKE SUZY, FL	City & State
Zip 34269	Country US

6. Name and Address of Current Registered Agent GREADY, FRANK 13028 SW KINGSWAY CIR LAKE SUZY, FL 34269		7. Name and Address of New Registered Agent Name NEWMAN, PHILIP Street Address (P.O. Box Number is Not Acceptable) 12720 S.W. PEMBROKE CIR. N City LAKE SUZY FL Zip Code 34269	
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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.	PHILIP NEWMAN President 4/10/2007 (NOTE: Registered Agent signature required when renewing) DATE

Filing Fee is \$61.25 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GREADY, FRANK 13028 SW KINGSWAY CIR LAKE SUZY, FL 34269 <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 NEWMAN, PHILIP 12720 SW PEMBROKE CIR N LAKE SUZ, FL 34269 <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	ST TEBAY, STERLING 13058 SW KINGSWAY CIR LAKE SUZY, FL 34269 <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	<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	<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	<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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	E. STERLING TEBAY 4/10/2007 Date 941-255-9947 Daytime Phone #

40060193



03222007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-6069583	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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