

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 31, 2006
Secretary of State**

DOCUMENT# N94000004812

Entity Name: LAKE LITTLETON ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

560 AVE K SE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

560 AVE K SE
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-3322446 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LUCAS, HOWARD
560 AVE K SE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUCAS, HOWARD
Address: 560 AVE K SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD () Delete
Name: VOLPE, LOUISE
Address: 560 AVE K SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD () Delete
Name: VOLPE, JOE
Address: 560 AVE K SE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD LUCAS

PD

03/31/2006

Electronic Signature of Signing Officer or Director

Date