


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90008 002 ****78.75

DOCUMENT # N94000006022			
1. Entity Name LAKESHORE TRAILS HOMEOWNERS ASSOCIATION OF VOLUSIA COUNTY, INC.			
Principal Place of Business 3619 ROYAL FERN CR DELAND, FL 32724 US		Mailing Address PO BOX 3163 DELAND, FL 32721 US	
2. Principal Place of Business 697 Winterberry Trail		3. Mailing Address As Above	
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. ---	
City & State DeLand FL		City & State As Above	
Zip 32724	Country US	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01172006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent HEEBNER, PETER B 523 N. HALIFAX AVE. DAYTONA BEACH, FL 32118		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D BECK, EMMIE 675 WINTERBERRY TRAIL DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, CHARLES 3602 ROYAL FERN CIRCLE DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Trish Humphrey 3612 Royal Fern Circle DeLand FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WETTON, BOB 685 WINTERBERRY TRAIL DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/M-a-L <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNEST, TANYA 3619 ROYAL FERN CR DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Myrna Bryson 3626 Royal Fern Circle DeLand FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTOL, PAT 697 WINTERBERRY TRAIL DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <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: <i>Patricia R. Antol (Secretary)</i>		01-27-2006 386-795-2427	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	
PATRICIA R. ANTOL			

40017640



ATTACHMENT
Lakeshore Trails Homeowners Association

P. O. Box 3163
DeLand FL 32721

February 21, 2006

40017649

#1494000006022

STATE OF FLORIDA
Division of Corporations
P. O. Box 1500
Tallahassee FL 32302-1500

Dear Sir or Mme:

Attached are:

1. Our 2006 Not-for-Profit Corporation Annual Report.
2. LST HOA check #0832, dated 02-06-06, in the amount of \$78.75, made payable to Florida Department of State.

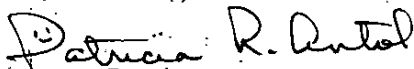
The check includes the \$61.25 Filing Fee for 2006, as well as \$8.75 for a Certificate of Status.

In addition, we have included \$8.75 for one Certified Copy of all Records since Articles of Incorporation were first filed with the State (Sometime between August and December 1994). I called your Office in late January 2006 and was told that was the fee for one certified copy.

If that is not correct or if you have any questions or need additional information, please call Pat Antol, HOA Secretary, at 386-795-2427.

Thank you for your assistance in all these matters.

Sincerely,



Patricia R. Antol,
Secretary, for the

BOARD OF DIRECTORS:

Emmie Beck, Chairman	740-4159
Trish Humphrey, Vice Chairman	740-7980
Pat Antol, Secretary	740-8975
Myrna Bryson, Treasurer	736-8456
Robert Wetton, Member at Large	822-9788