


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90041 044 ****61.25

DOCUMENT # N94000006022

1. Entity Name
LAKESHORE TRAILS HOMEOWNERS ASSOCIATION OF VOLUSIA COUNTY, INC.



Principal Place of Business
**697 WINTERBERRY TR
 DELAND, FL 32724 US**

Mailing Address
**PO BOX 3163
 DELAND, FL 32721 US**

2. Principal Place of Business - No P.O. Box #
Same


3. Mailing Address
Same

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

20007757



02212007 Chg-NP CR2E037 (12/06)

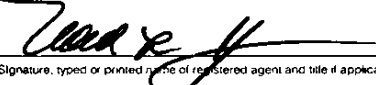
4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 **JOHNSON, Nord L.**
 Street Address (P.O. Box Number is Not Acceptable)
105 E. Church St.
 City **DeLand** **FL** Zip Code **32724**

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  **Nord L. Johnson** **3/12/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

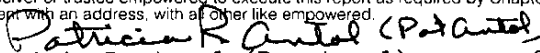
Filing Fee is \$61.25 Due by May 1, 2007

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	DP BECK, EMMIE 675 WINTERBERRY TRAIL DELAND, FL 32724 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P HUMPHREY, Trish 3612 Royal Fern Dr. DeLand FL 32724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HUMPHREY, TRISH 3612 ROYAL FERN CIR DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP WELLS, ALEX 3606 Marbleberry Lane DeLand FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMAL WETTON, BOB 685 WINTERBERRY TRAIL DELAND, FL 32724 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/MAL SHARON, Pat 677 Winterberry Trail DeLand FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRYSON, MYRNA 3626 ROYAL FERN CIR DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T BRYSON, Myrna 3626 Royal Fern Cir DeLand FL 32724 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANTOL, PAT 697 WINTERBERRY TRAIL DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S ANTOL, Patricia R. (Pat) 697 Winterberry Trail DeLand FL 32724 <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:  **Patricia R. Antol (Pat Antol)**, **02-26-2007** **386-795-2427**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #