

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006076

FILED
Apr 29, 2006
Secretary of State

Entity Name: LAKE OLA LAKE FRONT HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

7101 WRIGHT AVENUE
TANGERINE, FL 32777

New Principal Place of Business:

Current Mailing Address:

PO BOX 343
TANGERINE, FL 32777 US

New Mailing Address:

FEI Number: 59-3317573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLIMORE, VIVIAN
4603 SLOEWOOD DR
MT DORA, FL 32757 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: D () Delete
Name: ADAMS, SEAN
Address: 4643 SLOEWOOD DR
City-St-Zip: MOUNT DORA, FL 32757

Title: P () Delete
Name: LUECK, CARL
Address: 7100 LAKE OLA DR
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: MELLICH, STEVE
Address: 7927 SLOEWOOD DR
City-St-Zip: MOUNT DORA, FL 32757

Title: T () Delete
Name: GALLIMORE, VIVIAN
Address: 4603 SLOEWOOD DR
City-St-Zip: MT DORA, FL 32757

Title: S () Delete
Name: HOLLINGSWORTH, SHARLEE
Address: 6962 LAKE OLA DR.
City-St-Zip: TANGERINE, FL 32777

Title: D () Delete
Name: FADEN, TODD
Address: 7072 LAKE OLA DR
City-St-Zip: MOUNT DORA, FL 32757

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:

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: CARL LUECK

TREA

04/29/2006

Electronic Signature of Signing Officer or Director

Date