2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002056

1. Entity Name
LAKE DEESON WOODS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
306 E MAIN ST STE 200 LAKELAND, FL 33801	PO BOX 90517 LAKELAND, FL 33809

04102006 Nd Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3309709
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WAKEMAN, WILLIAM H III
1208 LAKE DEESON WOODS LN
LAKELAND, FL 33805

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	WAKEMAN, WILLIAM H III
STREET ADDRESS	1208 LAKE DEESON WOOD LN
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	DP
NAME	GATES, DAVID
STREET ADDRESS	1246 LAKE DEESON WOODS LN
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	DVP
NAME	RAY, DONNA
STREET ADDRESS	1234 LAKE DEESON WOODS LN
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	D2VP
NAME	MACGREGOR, JOHN
STREET ADDRESS	5186 LAKE DEESON WOODS
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	DS
NAME	MACGREGOR, LISA
STREET ADDRESS	5186 LAKE DEESON WOODS
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80116-007 61.25

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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: Wm. H. Wakeman III 4-10-06 863 688-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #