

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000002056

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



Principal Place of Business

**306 E MAIN ST
STE 200
LAKELAND, FL 33801**

Mailing Address

**PO BOX 90517
LAKELAND, FL 33809**



04092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

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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IN THIS SPACE**

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04/26/07-80061-007 61.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07

Date

863 688-4441

Daytime Phone #