

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 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**



04092008 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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DT  
WAKEMAN, WILLIAM H III  
1208 LAKE DEESON WOOD LN  
LAKELAND, FL 33805**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DP  
GATES, DAVID  
1246 LAKE DEESON WOODS LN  
LAKELAND, FL 33805**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DVP  
RAY, DONNA  
1234 LAKE DEESON WOODS LN  
LAKELAND, FL 33805**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D2VP  
MACGREGOR, JOHN  
5186 LAKE DEESON WOODS  
LAKELAND, FL 33805**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DS  
MACGREGOR, LISA  
5186 LAKE DEESON WOODS  
LAKELAND, FL 33805**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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

4-9-08 863688-4441  
Date Daytime Phone #