## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002366

Jan 27, 2006 Secretary of State

Entity Name: LAKE ALTO ESTATES ASSOCIATION, INC.

Current Princip	oal Place of Business:	New Princi	pal Place of Business:

13516 NE CTY RD 1471 WALDO, FL 32694 US

**Current Mailing Address: New Mailing Address:** 

13516 NE CTY RD 1471 WALDO, FL 32694

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERTSON, ARLETTA 17928 N E 136TH AVE WALDO, FL 32694

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete ROBERTSON, ARLETTA ROBERTSON, ARLETTA Name: Name: Address:

17928 N E 186TH AVE Address: 17928 NE 136TH AVENUE City-St-Zip: WALDO, FL 32694 City-St-Zip: WALDO, FL 32694

(X) Change ( ) Addition Title: BOD () Delete Title: BOD GIBBS, BERNARD Name: Name: DANIELS, LEOTA

Address: 17922 N E 143RD AVE Address: PO BOX 757 City-St-Zip: WALDO, FL 32694 City-St-Zip: WALDO, FL 32694

Title: BOD () Delete Title: () Change () Addition

MURDOLA, MARGRET Name: Name: 14023 N E 180TH ST Address: Address: City-St-Zip: WALDO, FL 32694 City-St-Zip:

Title: BOD ( ) Delete Title: () Change () Addition

Name: PLUMMER, ARLENE Name: Address: N E 135TH AVE Address: City-St-Zip: WALDO, FL 32694 City-St-Zip:

Title: BOD ( ) Delete Title: () Change () Addition

HAYES, WILLIAM Name: Name: 17905 N E 136TH AVE Address: Address: City-St-Zip: WALDO, FL 32694 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

AKERS, PENNYI AKERS, PENNY Name: Name: Address: 117817 N E 143RD AVE Address: 117817 N E 143RD AVE WALDO, FL 32694 WALDO, FL 32694 City-St-Zip: 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: RICHARD PLUMMER **VP** 01/27/2006