

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002366

FILED
Apr 23, 2008
Secretary of State

Entity Name: LAKE ALTO ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

13516 NE CTY RD 1471
WALDO, FL 32694 US

New Principal Place of Business:

Current Mailing Address:

13516 NE CTY RD 1471
WALDO, FL 32694 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

WILLIAMS, JAMES R PRES
13829 N.E. 180 STREET
WALDO, FL 32694 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: P () Delete
Name: WILLIAMS, JAMES R PRES
Address: 13829 N.E. 180 ST.
City-St-Zip: WALDO, FL 32694

Title: VP () Delete
Name: PLUMMER, RICHARD
Address: 13516 N. E. COUNTY RD 1471
City-St-Zip: WALDO, FL 32694

Title: SEC () Delete
Name: FAULK, LISA
Address: 13516 N.E. COUNTY RD 1471
City-St-Zip: WALDO, FL 32694

Title: TRES () Delete
Name: STANFORD, SHERYL
Address: 13516 N.E. COUNTY RD 1471
City-St-Zip: WALDO, FL 32694

Title: BOD () Delete
Name: FOSTER, DOROTHY
Address: 13516 N.E. COUNTY RD 1471
City-St-Zip: WALDO, FL 32694

Title: BOD () Delete
Name: DEES, RUTH
Address: 13516 N.E. COUNTY RD 1471
City-St-Zip: WALDO, FL 32694

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FAULK, JAMES
Address: 13516 N.E. COUNTY RD 1471
City-St-Zip: WALDO, FL 32694

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 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: JAMES R WILLIAMS

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date