


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90071 046 ****61.25

DOCUMENT # N95000002942			
1. Entity Name LAKE BEAUCLAIRE, INC.			
Principal Place of Business 16719 BEAUCLAIRE CT TAVARES, FL 32778 US		Mailing Address P O BOX 1717 TAVARES, FL 32778 US	
2. Principal Place of Business - No P.O. Box # <i>16701 Beauclaire Court</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tavares, FL</i>		City & State	
Zip <i>32778</i>	Country <i>USA</i>	Zip	Country
4. FEI Number 59-3330193		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELSTEAD, JACQUIE 16719 BEAUCLAIRE CT TAVARES, FL 32778		7. Name and Address of New Registered Agent Name <i>C A Whidden</i> Street Address (P.O. Box Number is Not Acceptable) <i>16701 Beauclaire Court</i> City <i>Tavares</i> FL Zip Code <i>32778</i>	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		President <i>1/18/2008</i> DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHIDDEN, CAROL A 16701 BEAUCLAIRE CT LOT 38&39 TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WELSTEAD, JACQUIE 16719 BEAUCLAIRE CT TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Edward Petitti STD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>16730 Beauclaire Court</i> <i>Tavares, FL 32778</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARRAT, RAY 29210 BEAUCLAIRE DR TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Jim Teeri</i> <i>29016 Beauclaire Dr</i> <i>Tavares, FL 32778</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>C.A. Whidden, Pres, 1-18-08</i> <i>742-7741</i> Date Daytime Phone #	