


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

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90038 006 ****61.25

DOCUMENT # N96000002764 1. Entity Name LAKE GERALDINE HOMEOWNERS' ASSOCIATION, INC.	
--	---

Principal Place of Business 8931 E RIVER RD VENICE, FL 34293	Mailing Address PO BOX 1162 VENICE, FL 34293
--	--

50002095



03072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0739991 NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
--	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CUNDIFF, JERRY M 8931 E RIVER RD VENICE, FL 34293
--

**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	DP SHANOR, DAVID 9052 FALCON CT VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CUNDIFF, JERRY M 8931 E RIVER RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CUNDIFF, BETSY 8931 EAST RIVER ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTH, DOUGLAS 8935 EAST RIVER ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, KENA 9150 DEER CT. VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUTH, CHRIS 902 SIRUS TERRACE SARASOTA, FL 34232

**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:

Jerry M. Cundiff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY M. CUNDIFF TREASURER

Date

3/7/08

Daytime Phone #

941-753-7557