

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90022 025 \*\*\*\*61.25

DOCUMENT # N96000005993

1. Entity Name

LYNNWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2189 CLEVELAND ST  
STE 225  
CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND ST  
STE 225  
CLEARWATER FL 33765

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3428054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A  
2189 CLEVELAND ST  
STE 225  
CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
TOOMEY, TOM  
4012 LIGUSTRUM DR.  
PALM HARBOR FL 34685

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CICERO, TODD  
5240 KERNWOOD CT  
PALM HARBOR FL 34685

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MCPHERSON, JEFF  
4059 LIGUSTRUM DR  
PALM HARBOR FL 34685

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
BLAHA, BERNADINE  
4080 LIGUSTRUM DRIVE  
PALM HARBOR FL 34685

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
MEIRA, SALLIE  
5178 LIQUAT CT  
PALM HARBOR FL 34685

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FAKTEROWITZ, JAY  
4064 LIGUSTRUM DR  
PALM HARBOR FL 34685

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
MCPHERSON, JEFF  
4059 LIGUSTRUM DR  
PALM HARBOR, FL 34685

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
MIERA, SALLY  
5178 LOQUAT COURT  
PALM HARBOR, FL 34685

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-2007

Date

Daytime Phone #

727-466-0571