

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90085 042 \*\*\*\*61.25

<b>DOCUMENT # N98000000762</b>					
<b>1. Entity Name</b> HOMEOWNERS ASSOCIATION OF LYNN LAKE, INC.					
<b>Principal Place of Business</b> 11019 LYNN LAKE CIR TAMPA, FL 33625 US			<b>Mailing Address</b> P.O. BOX 260428 TAMPA, FL 33685-0428 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 11045 Lynn Lake Cir		<b>3. Mailing Address</b> P.O. Box 260428			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Tampa FL		<b>City &amp; State</b> Tampa, FL		<b>4. FEI Number</b> 59-3564179	
<b>Zip</b> 33625		<b>Country</b> Hillsborough		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FIGLIULO, TOM 11019 LYNN LAKE CIR TAMPA, FL 33625		<b>7. Name and Address of New Registered Agent</b> Name <u>Laurie Cagle</u> Street Address (P.O. Box Number is Not Acceptable) 11045 Lynn Lake Circle City <u>Tampa</u> <b>FL</b> Zip Code <u>33625</u>			
<b>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.</b>					
SIGNATURE <u>Laurie Cagle</u> <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>				DATE <u>3-20-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P <b>NAME</b> FIGLIULO, TOM P <b>STREET ADDRESS</b> 11019 LYNN LAKE CIRCLE <b>CITY-ST- ZIP</b> TAMPA, FL 33625	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> KELLY, ROSEANNA <b>STREET ADDRESS</b> 10911 LYNN LAKE CIR <b>CITY-ST- ZIP</b> TAMPA, FL 33625	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> ARRONTE, BRENT <b>STREET ADDRESS</b> 11029 LYNN LAKE CIR <b>CITY-ST- ZIP</b> TAMPA, FL 33625	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> S <b>NAME</b> PISANO, MARIA <b>STREET ADDRESS</b> 11074 LYNN LAKE CIR <b>CITY-ST- ZIP</b> TAMPA, FL 33625	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> V <b>NAME</b> ACOSTA, WAYNE <b>STREET ADDRESS</b> 11034 LYNN LAKE CIR <b>CITY-ST- ZIP</b> TAMPA, FL 33625	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST- ZIP</b> 	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> V <b>NAME</b> St. Louis, Selwyn <b>STREET ADDRESS</b> 11046 Lynn Lake Circle <b>CITY-ST- ZIP</b> Tampa, FL 33625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> P <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST- ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> T <b>NAME</b> Leaf, Molly <b>STREET ADDRESS</b> 11051 Lynn Lake Circle <b>CITY-ST- ZIP</b> Tampa, FL 33625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> S <b>NAME</b> Cagle, Laurie <b>STREET ADDRESS</b> 11045 Lynn Lake Circle <b>CITY-ST- ZIP</b> Tampa, FL 33625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> C <b>NAME</b> Borden, Marissa <b>STREET ADDRESS</b> 10910 Lynn Lake Circle <b>CITY-ST- ZIP</b> Tampa, FL 33625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST- ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Laurie Cagle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3-20-07</u> <u>(813) 265-8124</u> <small>Daytime Phone #</small>	