

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90048 001 *****8.75
03-31-2008 90048 002 *****61.25

DOCUMENT # N98000000762

1. Entity Name
HOMEOWNERS ASSOCIATION OF LYNN LAKE, INC.



Principal Place of Business
11046 LYNN LAKE CIR TAMPA, FL 33625 US
11048 Lynn Lake Circle

Mailing Address
P.O. BOX 260428 TAMPA, FL 33685-0428 US

66003291



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3564179

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CAGLE, LAURIE
11045 LYNN LAKE CIRCLE
TAMPA, FL 33625**

Name **SELWYN ST. LOUIS**
Street Address (P.O. Box Number is Not Acceptable)

11046 LYNN LAKE CIRCLE
City **TAMPA** FL Zip Code **33625**

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **V** ☒ Delete
NAME **ST. LOUIS, SELWYN**
STREET ADDRESS **11046 LYNN LAKE CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE **P** ☒ Delete
NAME **KELLY, ROSEANNA**
STREET ADDRESS **10911 LYNN LAKE CIR**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE **T** ☒ Delete
NAME **LEAF, MOLLY**
STREET ADDRESS **11051 LYNN LAKE CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE **S** ☒ Delete
NAME **COGLE, LAURIE**
STREET ADDRESS **11045 LYNN LAKE CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE **C** ☒ Delete
NAME **BORDEN, MARISSA**
STREET ADDRESS **10910 LYNN LAKE CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☐ Addition
NAME **St. Louis, Selwyn**
STREET ADDRESS **11046 Lynn Lake Circle**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE **vice-president** ☐ Change ☐ Addition
NAME **Debra Westlake**
STREET ADDRESS **11048 Lynn Lake Circle**
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE **mark dake (treasurer)** ☐ Change ☐ Addition
NAME **10928 Lynn Lake Circle**
STREET ADDRESS **TAMPA, FL 33625**

TITLE **Kathi Saputo** ☐ Change ☐ Addition
NAME **10926 Lynn Lake Circle**
STREET ADDRESS **TAMPA, FL 33625**

TITLE **Mary Horton** ☐ Change ☐ Addition
NAME **11069 Lynn Lake Circle**
STREET ADDRESS **TAMPA, FL 33625**

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 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 on 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

Date

Daytime Phone #

(Selwyn St. Louis)

3/25/08 **(813) 766-5861**