

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90021 026 \*\*\*\*61.25

**DOCUMENT # N98000004523**

1. Entity Name  
**LAKE LETTA RESTORATION ASSOCIATION, INC.**



Principal Place of Business  
**2434 S LAKE LETTA DR  
AVON PARK, FL 33825**

Mailing Address  
**2434 S LAKE LETTA DR  
AVON PARK, FL 33825**

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

02052007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**65-0851645**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BYERS, MARY JEAN  
2434 S LAKE LETTA DR  
AVON PARK, FL 33825**

**7. Name and Address of New Registered Agent**

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

*Mary Jean Byers, Treas.*

**MARY JEAN BYERS**

**3-14-07**

**Filing 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 **VP** ☐ Delete  
NAME **BROSIOUS, CARL**  
STREET ADDRESS **2466 S LAKELETTA DR**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **D** ☐ Delete  
NAME **LEWIS, MIKE**  
STREET ADDRESS **600 S COMMERCE AVE**  
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **TD** ☐ Delete  
NAME **BYERS, MARY JEAN**  
STREET ADDRESS **2434 S LAKE LETTA DR**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **PD** ☐ Delete  
NAME **BARBEN, WILLIAM**  
STREET ADDRESS **2093 HARTA OLSIE LANE**  
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **D** ☒ Delete  
NAME **POLLARD, ELDRIDGE**  
STREET ADDRESS **205 MINNIE RANCH RD**  
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **D** ☐ Delete  
NAME **SMITH, CARL**  
STREET ADDRESS **600 S. COMMERCE AVE**  
CITY-ST-ZIP **SEBRING, FL 33870**

**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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **JOE MIZE**  
STREET ADDRESS **1150 RIALTO AVE.**  
CITY-ST-ZIP **SEBRING, FL 33870**

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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Mary Jean Byers, Treas.*  
**MARY JEAN BYERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/07**

Date

**863-453-8594**

Daytime Phone #