## **2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N98000004523 1. Entity Name



Mar 10, 2008 8:00 am Secretary of State

**FILED** 

LAKÉ LETTA RESTORATION ASSOCIATION, INC.							03-10-2008	20042 02		
Principal Plac 2434 S LAKE AVON PARK,	E LETTA DR		dress AKE LETTA DR RK, FL 33825					))) <b>PO</b> !?) <b>CT</b>  )) <b>C</b> 100	Oli Olizen (Föden bli	RI <b>ĝi ej lĝĝ</b> i
2. Principal P	Place of Business - No P.O. Box #	3. Mailing A	Address							
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			01222008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & S	State -			4. FEI Number 65-0851		-		oplied For ot Applicable
Zip	Country	Zip		Cour	ntry	5. Certificate of	Status Desired		8.75 Add ee Require	
	<ol><li>Name and Address of Current</li></ol>	Registered Ag	jent			7. Name and A	ddress of New R	Registered A	gent	
DVEDO M	IADV IEAN				Name					
BYERS, MARY JEAN 2434 S LAKE LETTA DR AVON PARK, FL 33825					Street Address (P.O. Box Number is Not Acceptable)					
				_	City			FL	Zip Code	e -
	named entity submits this statement for	or the purpose o	of changing its r	registere	d office or regist	stered agent, or both,	in the State of Flo	orida. I am ta	miliar with,	and accept
SIGNATURE .	: Signature, typed or printed name of registered agent	t and title if applicable	e. (NOTE:	: Registered	Agent signature requi	uired when reinstating)		DATE		]
SIGNATURE .		<del></del>	. (NOTE:	paign Fir	nancing	\$5.00 May Be Added to Fees		DATE lake check rida Departi		
SIGNATURE .	Signature, typed or printed name of registered agent	9	. Election Cam	paign Fir	nancing	\$5.00 May Be	Flor	lake check rida Departi	ment of St	tate
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9 RECTORS	. Election Cam	paign Fir	nancing	\$5.00 May Be Added to Fees	Flor	lake check rida Departi RS AND DIR	ment of St	tate
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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 eath; 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: Z