


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90069 007 ****61.25

DOCUMENT # N98000004585					
1. Entity Name LAKE NONA VILLAGE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 5980 WINSTON TRLS BLVD LAKE WORTH, FL 33463			Mailing Address 5980 WINSTON TRLS BLVD LAKE WORTH, FL 33463		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0902815	
Zip		Country		Zip	
City & State		City & State		Applied For Not Applicable	
6. Name and Address of Current Registered Agent COONEY, COLLEEN CAMPBELL PROPERTY MGMT 5980 WINSTON TRLS BLVD LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP	NAME MILLER, MARK		<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6735 LAKE NONA PL	CITY-ST-ZIP LAKE WORTH, FL 33463			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6735 LAKE NONA PL	CITY-ST-ZIP LAKE WORTH, FL 33463			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME DAYBERRY, WAYNE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6854 LAKE NONA PL	CITY-ST-ZIP LAKE WORTH, FL 33463			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6854 LAKE NONA PL	CITY-ST-ZIP LAKE WORTH, FL 33463			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME BEAUSOLIEL, MELISSA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6871 LAKE NONA PL	CITY-ST-ZIP LAKE WORTH, FL 33463			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6871 LAKE NONA PL	CITY-ST-ZIP LAKE WORTH, FL 33463			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME GILMORE, ROSS		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6863 LAKE NONA PL	CITY-ST-ZIP LAKE WORTH, FL 33463			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6863 LAKE NONA PL	CITY-ST-ZIP LAKE WORTH, FL 33463			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME LEVINE, SCOTT		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6799 LAKE NONA PL	CITY-ST-ZIP LAKE WORTH, FL 33463			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6799 LAKE NONA PL	CITY-ST-ZIP LAKE WORTH, FL 33463			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME Ramon Vaughn		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6790 Lake Nona Pl.	CITY-ST-ZIP Lake Worth, FL 33463			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6790 Lake Nona Pl.	CITY-ST-ZIP Lake Worth, FL 33463			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Wayne Dayberry</u> <u>4/19/07</u> <u>561-963-654</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03282007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0902815 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	Delete	TITLE	NAME	Change Addition
	MILLER, MARK	<input checked="" type="checkbox"/>			<input type="checkbox"/>
STREET ADDRESS	6735 LAKE NONA PL		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME	DAYBERRY, WAYNE		NAME		<input type="checkbox"/>
STREET ADDRESS	6854 LAKE NONA PL		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME	BEAUSOLIEL, MELISSA		NAME		<input type="checkbox"/>
STREET ADDRESS	6871 LAKE NONA PL		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/>	TITLE	VP	<input checked="" type="checkbox"/>
NAME	GILMORE, ROSS		NAME		<input type="checkbox"/>
STREET ADDRESS	6863 LAKE NONA PL		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/>	TITLE	P	<input checked="" type="checkbox"/>
NAME	LEVINE, SCOTT		NAME		<input type="checkbox"/>
STREET ADDRESS	6799 LAKE NONA PL		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/>	TITLE		<input type="checkbox"/>
NAME	Ramon Vaughn		NAME		<input checked="" type="checkbox"/>
STREET ADDRESS	6790 Lake Nona Pl.		STREET ADDRESS		
CITY-ST-ZIP	Lake Worth, FL 33463		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: Wayne Dayberry 4/19/07 561-963-654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #