

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90157 042 ****61.25

DOCUMENT # N98000004785

1. Entity Name
LAKES LARGO'S HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business
**12 NEWPORT DR.
CRESTVIEW, FL 32539**

Mailing Address
**12 NEWPORT DR.
CRESTVIEW, FL 32539**



2. Principal Place of Business
2 Newport Dr
Suite, Apt. #, etc.

3. Mailing Address
2 Newport DR
Suite, Apt. #, etc.

05012005 Chg-NP CR2E037 (10/03)

City & State
Crestview FL
Zip
32539
Country
US

City & State
Crestview FL
Zip
32539
Country
US

4. FEI Number
59-3381740

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WADE, CHARLES A ESQ.
14 DEL CERRO CAMINO
P.O. BOX 785 (MAILING)
CRESTVIEW, FL 32539**

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

**Filing Fee is \$61.25
Due by September 7, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MCGLAMERY, JAMES L
12 NEWPORT DR
CRESTVIEW, FL 325395203** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JOHNSON, GARY
8 DEL CERRO CAMINO
CRESTVIEW, FL 32539** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MC GLAMERY, FRANCES
12 NEWPORT DRIVE
CRESTVIEW, FL 32539** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TEAS, BOYCE REV.
12 DEL CERRO CAMINO
CRESTVIEW, FL 32539** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGLAMERY, JIM
12 NEWPORT DRIVE
CRESTVIEW, FL 32539** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, SALLY
8 DEL CERRO CAMINO
CRESTVIEW, FL 32539** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
MARK W. GUNN
2 NEWPORT DR
CRESTVIEW, FL 32539-5203** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JOHNSON, GARY
8 DEL CERRO CAMINO
CRESTVIEW, FL 32539** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
GUNN, CATHERINE M
2 NEWPORT DR
CRESTVIEW FL 32539-5203** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TEAS, BOYCE REV.
12 DEL CERRO CAMINO
CRESTVIEW, FL 32539** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGLAMERY, JIM
12 NEWPORT DRIVE
CRESTVIEW, FL 32539** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, SALLY
8 DEL CERRO CAMINO
CRESTVIEW, FL 32539** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mark W. Gunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MAY, 2005

850

305-1253
Daytime Phone #