## 2006 NOT-FOR-PROFIT\_CORPORATION ANNUAL REPORT

## FILED Apr 18, 2006 8:00 am Secretary of State

Signature    Signature   Country   Signature   Signatu	DOCUMENT # N9900005652  1. Entity Name LAKE LUCRETIA HOME OWNERS ASSOCIATION, IN C.							00070 015 ****			
Sulfe, Apt. #, etc.    Sulfe, Apt. #, etc.   O4012006   Chg-NP   CR2E037 (11/05)	5681 CHEROKEE NENE 5681 CHEROKEE NENE					h controver that the line is		iii 8511 8511 8118 8118.			
Coy & State  Coy & State  Coy & State  Country	2. Principal Place of Business 3. Mailing Address			MPA-Market							
Space   Spac	Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.			Chg-NP	CR2E037 (11/	05)		
S. Country  S. Name and Address of Current Registered Agent  7. Home and Address of New Registered Agent  7. Home and Address of New Registered Agent  Name 21	City & Stat	te .	City & State	City & State					Applied For Not Applicable		
BUSSEE, PATSY 5681 CHEROKEE NENE CRESTVIEW, FL 32536  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent.  FILING Pee Is \$61.25  Our by May 1, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ORESTORY OFFI AGENCY	Zip	Country	Zip	Co	untry	5. Certificate o	f Status Desired		Additional		
BUSBEE, PATSY S681 CHEROKEE NENE CRESTVIEW, FL 32536  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 Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida		6. Name and Address of Curn	ent Registered Agent		T	7. Name and A	ddress of New I	Registered Agent			
B. 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.  ### 8-06  SIGNATURE  ### 8-06  Filting Poe is \$81.25  Due by May 1, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE  NAME  SIREF ADDRESS  CITY-S1-2P  TITLE  Deteld  TITLE  MAKE  SIREF ADDRESS  CITY-S1-2P  CRESTVIEW, FL 32536  CITY-S1-2P  TITLE  Deteld  TITLE  Deteld  TITLE  NAME  SIREF ADDRESS  CITY-S1-2P  Deteld  TITLE  Deteld  TITLE  NAME  SIREF ADDRESS  CITY-S1-2P  TITLE  DETERMANCE  SIREF ADDRESS  CITY-S1-2P  TITLE  TREMANCE  SIREF ADDRESS  CITY-S1-2P  TITLE  Deteld  TITLE  NAME  SIREF ADDRESS  CITY-S1-2P  TITLE  Deteld  TITLE  NAME  SIREF ADDRESS  CITY-S1-2P  TITLE  TITLE  NAME  SIREF ADDRESS  CITY-S1-2P  TITLE  TITLE  NAME  SIREF ADDRESS  CITY-S1-2P  TITLE  NAME  SIREF ADDRESS  SIREF ADDRESS  CITY-S1-2P  TITLE  NAME  SIREF ADDRESS  SIREF ADDRESS	BUSBEE, PATSY 5681 CHEROKEE NENE				Name Bots ford DeNNis						
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 Fiorida. I am familiar with, and accept the obligations of registered agent.    Filing Fee is \$61.25   Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due by May 1, 2006   S. Eector Carripaign Financing Due Due by May 1, 2006   S. Eector Carripaign Financing Due Due by May 1, 2006   S. Eector Carripaign Financing Due	·,	· · · · · · · · · · · · · · · · · · ·			City O a	ast i's		El Zip	Code		
SIGNATURE    Signature, Spread of presented name of registates a segret and it for a protectable.   (NOTE: Registates required virtin resistatory)   DATE	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										
STEET ADDRESS   CITY-ST-ZP   CRESTYLEW, FL 32536	n e obligat	the obligations of registered agent.									
Trust Fund Contribution. Added to Fees   Florida Department of State	SIGNATURE .	N N·	199		0 -10						
TITLE NAME STREET ADDRESS CITY-ST-ZP CRESTVIEW, FL 32536		Signature, typed of printed name of registered as	georand tiple if applicable.	(NOTE: Registere	ed Agent signature requir	red when reinstating)		DATE			
NAME STREET ADDRESS CITY-ST-ZP CRESTVIEW, FL 32536 CITY-ST-ZP		Filing Fee is \$61.25	9. Election	on Campaign F	Financing	\$5.00 May Be		fake check payal			
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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 oath; that I am an officer or director	TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2006  OFFICERS AND  PD JEFFRIES, TODD 5686 OLD BETHEL ROAD CRESTVIEW, FL 32536 STD PRESTON, RITA 5674 OLD BETHEL ROAD CRESTVIEW, FL 32536 D JEFFRIES, TODD 5686 OLD BETHEL ROAD CRESTVIEW, FL 32536 T FREMON, MARJORIE 5675 CHEROKEE NE	9. Election Trust   DIRECTORS Delete Delete	On Campaign 6 Fund Contribut  11.  TITL  NAM  STRI  CITY  TITL  NAM  STRI  STRI	Financing tion.  E  AE  SEET ADDRESS  (-ST-ZIP  E  SEET ADDRESS  (-ST-ZIP  E	\$5.00 May Be Added to Fees ADDITIONS/CHAI A SINGER 674 Old RESTVIE	NGES TO OFFICE  Nick Bethel	Aake check payal rida Department  ERS AND DIRECTOR  YROA d S  32536  Cha	of State  RS IN 10  Inge Addition  Inge Addition  Inge Addition		

12. Hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04

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