


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90041 019 \*\*\*\*70.00

<b>DOCUMENT # N99000007481</b>	
1. Entity Name <b>LYNAN ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>13609 RIADA WAY DADE CITY, FL 33525 US</b>	Mailing Address <b>13609 RIADA WAY DADE CITY, FL 33525 US</b>
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**60013308**

2. Principal Place of Business <b>13623 RIADA WAY</b>	3. Mailing Address <b>13623 RIADA WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DADE CITY FL</b>	City & State <b>DADE CITY FL</b>
Zip <b>33525</b>	Zip <b>33525</b>
Country <b>USA</b>	Country <b>USA</b>



01182006 Chg-NP CR2E037 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>TODD YATES, ALLISON 13609 RIADA WAY DADE CITY, FL 33525</b>	7. Name and Address of New Registered Agent Name <b>RENEE MARTIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>13623 RIADA WAY</b> City <b>DADE CITY FL</b> Zip Code <b>33525</b>
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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 **RENEE MARTIN, PRESIDENT** *Renée Martin* **2-6-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TODD, ALLISON 13609 RIADA WAY DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, RENEE 13623 RIADA WAY DADE CITY, FL 33525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERRITANO, RALPH 13247 RIADA WAY DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEE EMERY 35739 AUSTON DRIVE DADE CITY, FL 33525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONCALVES, MIKE 13645 RIADA WAY DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARBARA JOHNSON 13243 MCINTOSH DRIVE DADE CITY, FL 33525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MECCA, PETE 13451 RIADA WAY DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PETER MECCA 13451 MCINTOSH DRIVE DADE CITY, FL 33525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **RENEE MARTIN, PRESIDENT** *Renée Martin* **2-6-06** **352-567-1143**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #