

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90569 046 \*\*\*150.00

**DOCUMENT # P03000096674**

1. Entity Name  
LAKE BONNET VILLAGE REALTY, INC.



Principal Place of Business  
2900 E. LAKE BONNET ROAD  
AVON PARK, FL 33825

Mailing Address  
2900 E. LAKE BONNET ROAD  
AVON PARK, FL 33825

20036505



04142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-1198956	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GORDON, SCOTT E ESQ.  
240 SOUTH PINEAPPLE AVENUE  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SEYMOUR, DONALD
STREET ADDRESS	2734 E. OAKWOOD DRIVE
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	D
NAME	BROWNING, KATHLENE
STREET ADDRESS	2900 E. LAKE BONNET ROAD E-4
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	D
NAME	ANDREWS, HOPE
STREET ADDRESS	2900 E. LAKE BONNET ROAD H-12
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	D
NAME	HAVEN, BYRON
STREET ADDRESS	2711 E. OAKWOOD DRIVE
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	D
NAME	KEMPH, VERLIN
STREET ADDRESS	2714 E. CEDARWOOD DRIVE
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 607, 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: Donald L. Seymour DONALD SEYMOUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2005

Date

Daytime Phone #