

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004523

Entity Name: LAKE LETTA RESTORATION ASSOCIATION, INC.**Current Principal Place of Business:**2093 HARTTS DESIRE LANE
AVON PARK, FL 33825**Current Mailing Address:**2093 HARTTS DESIRE LANE
AVON PARK, FL 33825 US**FEI Number: 65-0851645****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BARBEN, WILLIAM M
2093 E HARTTS DESIRE LANE
AVON PARK, FL 33825 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	BROSIUS, CARL
Address	2466 S LAKE LETTA DR
City-State-Zip:	AVON PARK FL 33825

Title	TD
Name	LARE, DEE
Address	2350 S SR 17 S
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	TEJADA, LOIS
Address	728 TASESCHEE DRIVE
City-State-Zip:	SEBRING FL 33870

Title	D
Name	LEWIS, MIKE
Address	600 S COMMERCE AVE
City-State-Zip:	SEBRING FL 33870

Title	PD
Name	BARBEN, WILLIAM
Address	2093 HARTTS DESIRE LANE
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	BARBEN, JOHN
Address	21 EAST PINE STREET
City-State-Zip:	AVON PARK FL 33825

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM M. BARBEN**PRESIDENT****03/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date