

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90026 043 ****61.25

DOCUMENT # 734735

1. Entity Name

**LAKE DOWN SHORES REPLAT ARCHITECTURAL CONTROL
COMMITTEE & HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**9600 AMBLESIDE
WINDERMERE FL 34786**

Mailing Address

**9600 AMBLESIDE
WINDERMERE FL 34786**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2586963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARQUI, MARY
9600 AMBLESIDE DR
WINDERMERE FL 34786**

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

Mary Marqui

MARY MARQUI

4-5-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HOFF, DAVID**
STREET ADDRESS **2624 MIDSUMMER DR**
CITY-ST-ZIP **WINDERMERE, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **SCHUMACHER, HOWARD**
STREET ADDRESS **2824 MIDSUMMER DRIVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **SD** ☒ Change ☐ Addition
NAME **Foster, James**
STREET ADDRESS **2824 Midsummer Drive**
CITY-ST-ZIP **Windermere, Fl. 34786**

TITLE **P** ☐ Delete
NAME **HOOVER, DIANA**
STREET ADDRESS **2936 MIDSUMMER DR.**
CITY-ST-ZIP **WINDERMERE, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MARQUI, MARY**
STREET ADDRESS **9600 AMBLESIDE DR**
CITY-ST-ZIP **WINDERMERE, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **WOOD, DON**
STREET ADDRESS **2803 MIDSUMMER DR**
CITY-ST-ZIP **WINDERMERE, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mary Marqui

MARY MARQUI

407-295-7993

4-5-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #