

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 08:00 A
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

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

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

(NOTE: Any stated Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

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

TITLE SD ☐ Delete
NAME FOSTER, JAMES
STREET ADDRESS 2824 MIDSUMMER DR.
CITY- ST- ZIP WINDERMERE FL 34786

TITLE D ☐ Delete
NAME MC CLELLAN, JOSEPH
STREET ADDRESS 9703 MAYWOOD DRIVE
CITY- ST- ZIP WINDERMERE FL 34786

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 0000019406848
STREET ADDRESS 05/05/08-80016-022 61.25
CITY- ST- ZIP

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

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

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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 exemptions contained in Section 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: Mary F. Marqui MARY F. MARQUI 4-16-08 407-225-7993