## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # 734976** 1. Entity Name 04-03-2006 90383 037 \*\*\*\*61.25 LAKE HOWARD TERRACE CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 208 E LAKE HOWARD DRIVE 208 E LAKE HOWARD DRIVE WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1881821 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EITNIER, URIAS Street Address (P.O. Box Number is Not Acceptable) 208 E. LAKE HOWARD DR, #403 WINTER HAVEN FL 33881 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 little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Delete ☐ Change Addition TITLE THEF EITHNER, URAIS Norman a Brewer NAME NAME 208 ELake Howard Dr #202 208 E LAKE HOWARD DR #403 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY - ST - ZIP CITY-ST-ZIP Winter Haven F1 33881 TITLE Delete ☐ Addition SHEILDS, DAN NAME NAME 8075 COUNTY HWY, 58 STREET ADDRESS STREET ADDRESS UPPER SANDUSKY OH 43351 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change DITLE ☐ Addition NAME EDWARDS, SHARON J NAME STREET ADDRESS 208 E. LAKE HOWARD DR. #503 STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP TITLE **X** Delete TiTLE ☐ Change ☐ Addition NAME NELSON, LOWELL NAME 4213 GREAT OAK RD. STREET ADORESS STREET ADDRESS CITY-ST-ZIP **ROCKVILLE MD 20853** CITY-ST-ZIP DΡ Delete TITLE TITLE Change ☐ Addition AHL, SUSAN 3660 CRUMP RD STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-ZIP D TITLE ☐ Defete TITLE ☐ Change Addition BRAUN, CARROLL NAME NAME 1663 LANGLEY DR STREET ADDRESS STREET ADDRESS

12. 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.

CITY-ST-7IP

CITY-ST-ZIP

HAGERSTOWN MD 21740

CARROLL E. BRAUN

609-617-4417

**FILED**