


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90101 004 ****61.25

| | |
|---|---|
| DOCUMENT # 740566 1. Entity Name LAKE CHARA HOMEOWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 14221 S.W. 92ND AVENUE MIAMI, FL 33176 | Mailing Address 14221 S.W. 92ND AVENUE MIAMI, FL 33176 US |
|--|---|

50025597



03112005 No Chg-NP CR2E037 (10/03)

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|---|--------------------------------|
| 4. FEI Number 59-1776099 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RIEGLER, JAMES 14221 S.W. 92ND AVENUE MIAMI, FL 33176 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILLIAMS, ELDRIDGE 9061 S.W. 144TH STREET MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PARRA, BRENDA 14201 S.W. 92ND AVENUE MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RIEGLER, JAMES 14221 S.W. 92ND AVENUE MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SCHULTE, JOHN 14131 S.W. 92ND AVENUE MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WELLENS, ALBERT 9101 S.W. 144TH STREET MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: JAMES RIEGLER 3/11/05 (305) 254-4535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #