

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749977

FILED  
Mar 15, 2010  
Secretary of State

**Entity Name:** LAKE COLONY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4003 PALM BAY CIRCLE  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SEACREST SERVICES, INC.  
2400 CENTREPARK W. DR., SUITE 175  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

C/O BANYAN PROPERTY MGMT  
2328 S CONGRESS AVE SUITE 1C  
WEST PALM BEACH, FL 33406 US

FEI Number: 59-1971312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILLEY & WYANT-CORTEZ, P.A.  
860 U.S. HIGHWAY 1  
SUITE 108  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAMPBELL, ELLEN M  
Address: 4091-A PALM BAY CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: SD  
Name: GRIFFIN, ROY  
Address: 4083 C PALM BAY CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: TD  
Name: BERNSTEIN, ALAN  
Address: 4204 B PALM BAY CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: SD  
Name: EARLE, KELLY  
Address: 4123 -A PALM BAY CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: D  
Name: SCHWARTZ, STEVE  
Address: 4099-D PALM BAY CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: VP  
Name: SCOTT, STEVE  
Address: 4007-A PALM BAY CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33406 US

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: ELLEN CAMPBELL

PD

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date