

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

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90122 023 \*\*\*\*61.25

**DOCUMENT # 767819**  
1. Entity Name  
**LAKE PINELoch VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**120 E COLONIAL  
ORLANDO FL 32801**

Mailing Address  
**120 E COLONIAL  
ORLANDO FL 32801**

**24072927**



MOORE CR2E037 (11/03)

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**1317 Lake Willisara Circle**  
Suite, Apt. #, etc.  
City & State  
**Orlando, FL**  
Zip  
**32806**

4. FEI Number  
**59-2397637**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FIRST CAPITAL PROPERTY GROUP, INC.  
120 E COLONIAL DR  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOKEY, HUGH 1210 ST TROPEZ CIR ORLANDO FL 32806	<input checked="" type="checkbox"/> Delete <i>Resigned</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, RICHARD 1251 LAKE WILLISTARA CIR ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOWALTER, STUART 1313 LAKE WILLISARA CIRCLE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLGAR, JULIAN 1105 SALERNO CT ORLANDO FL 32806	<input checked="" type="checkbox"/> Delete <i>Resigned</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELROD, BARBARA 1124 LAKE WILLISARA CIRCLE ORLANDO FL 32806	<input checked="" type="checkbox"/> Delete <i>Resigned</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, WILLIAM 2942 LK PINELoch BLVD ORLANDO FL 32806	<input checked="" type="checkbox"/> Delete <i>Resigned</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JEAN GREY 1115 SALERNO COURT ORLANDO, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ASHLEIGH BIZELLE 1262 ST. TROPEZ CIRCLE ORLANDO, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOANNE GRANT 1243 LAKE WILLISARA CIRCLE ORLANDO, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TERRENCE FIFE 2937 MONACO COURT ORLANDO, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICK IBEN 2922 MONACO COURT ORLANDO, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: RICHARD SNYDER PRESIDENT 4/16/04 407-311-7010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #