


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90206 050 ****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 1317 LAKE WILLISARA CIRCLE ORLANDO, FL 32806		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2397637	
				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREY, JEAN		NAME	Coleman, William	
STREET ADDRESS	1115 SALERNO COURT		STREET ADDRESS	2942 Lake Pineloch Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Orlando, FL 32806	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, RICHARD		NAME	Snyder, Richard	
STREET ADDRESS	1251 LAKE WILLISTARA CIR		STREET ADDRESS	1251 Lake Willisara Cir	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Orlando, FL 32806	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IBEN, RICKY		NAME	Kent, Joy	
STREET ADDRESS	2922 MONACO CT		STREET ADDRESS	1220 St. Tropez Cir.	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Orlando, FL 32806	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIZELLE, ASHLEIGH		NAME		
STREET ADDRESS	1262 ST. TROPEZ CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, JOANNE		NAME		
STREET ADDRESS	1243 LAKE WILLISARA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FYE, TERRENCE		NAME		
STREET ADDRESS	2937 MONACO COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Joy Kent</i>			Date: 4-21-06		Daytime Phone #: 407-872-0905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					