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

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N00000003342 04-19-2004 90389 033 ****61.25 LAKE VICTORIA HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 650 VICTORIA SQUARE LANE LAKELAND FL 33813 650 VICTORIA SQUARE LANE, LAKELAND FL 33813 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0739367 Not Applicable \$8.75 Additional 7in Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name GEARY, JOSEPH A ESQ. Street Address (P.O. Box Number is Not Acceptable) 225 E LEMON STREET SUITE 300 LAKELAND FL 33813 Zip Code City 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 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Change Addition ☑ Delete TITLE Director TITLE CUSTRED, U.K. Robert Sabestinas NAME NAME 5981 LAKE VICTORIA DR. STREET ADDRESS 5698 Lake Victoria Drive STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33813 ☐ Change ☐ Addition ☐ Delete TITLE TITLE RAY-OVERSTREET, ALICE NAME NAME 5759 LAKE VICTORIA DRIVE STREET ADDRESS STREET ADDRESS LAKELAND FL 33813-4709 CITY-ST-ZIP CITY-ST-ZIP ñ ☐ Change Addition ☐ Delete TITLE SUSSIAK, STEVE NAME NAME 5897 LAKE VICTORIA DR. STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BRETZ, NEAL NAME 5858 LAKE VICTORIA DR. STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

SIGNATURE: Olice Ray - Overshoet Alice Ray - Overstreet 4-13-04 863-646-4654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIJECTOR
Date Date Despire Phone #

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changed, or on an attachment with an address, with all other like empowered.

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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