


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90074 025 ****61.25

DOCUMENT # N00000003342

1. Entity Name
 LAKE VICTORIA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 650 VICTORIA SQUARE LANE
 LAKELAND, FL 33813

Mailing Address
 650 VICTORIA SQUARE LANE
 LAKELAND, FL 33813



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 65-0739367

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

GEARY, JOSEPH A ESQ.
 225 E LEMON STREET
 SUITE 300
 LAKELAND, FL 33813

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 reissuing) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABESTINAS, ROBERT 5698 LAKE VICTORIA DRIVE LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAY-OVERSTREET, ALICE 5759 LAKE VICTORIA DRIVE LAKELAND, FL 338134709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSSIAK, STEVE 5897 LAKE VICTORIA DR. LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRETZ, NEAL 5858 LAKE VICTORIA DR. LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. George L. STANSBURY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5909 Lake Victoria Drive Lakeland, Florida 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT SABESTINAS 5686 LAKE VICTORIA DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSICK, STEVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WILLIAM R. HOCKENSMITH 5771 LAKE VICTORIA DRIVE LAKELAND FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Alice Ray-Overstreet* Secretary 2-27-05
 Alice Ray-Overstreet 803-646-4654
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #