2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 27, 2007
Secretary of State

DOCUMENT# N04000000622

Entity Name: THE ESTATES OF LAKE ST. CHARLES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

1801 COOK AVENUE
ORLANDO, FL 32806

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

1801 COOK AVENUE
ORLANDO, FL 32806

FEI Number: 20-0625776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434, STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

ASHER, DON
DON ASHER & ASSOCIATES, INC
1801 COOK AVENUE
ORLANDO, FL 32806 US

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: DON ASHER 11/27/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CRIST, SHANE
Address: 918 LAKE CHARLES DR
City-St-Zip: DAVENPORT, FL 33837

Title: STD ( ) Delete
Name: CARLESSI, GUSTAVO L
Address: 948 LAKE CHARLES DR
City-St-Zip: DAVENPORT, FL 33837

Title: VPD ( ) Delete
Name: BARNETT, ROBERT
Address: 836 LAKE CHARLES DR
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHANE CRIST PD 11/27/2007
Electronic Signature of Signing Officer or Director — Date