


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2008 8:00 am**  
**Secretary of State**

07-16-2008 90010 028 \*\*\*\*61.25

**DOCUMENT # N04000000622**

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



Principal Place of Business 1801 COOK AVENUE ORLANDO, FL 32806	Mailing Address 1801 COOK AVENUE ORLANDO, FL 32806
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40111173



**DO NOT WRITE IN THIS SPACE**

07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0625776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRIST, SHANE 918 LAKE CHARLES DR DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARLESSI, GUSTAVO L 948 LAKE CHARLES DR DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARNETT, ROBERT 836 LAKE CHARLES DR DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Barbara Reitz **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 7/8/08 Daytime Phone #: 863 419 9999

*Barbara Reitz*  
*helped the BOB*