


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90035 038 ****70.00

DOCUMENT # N96000000111

1. Entity Name
LAKE CAWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 13725 LAKE COWARD DR
 WINDERMERE, FL 34786

Mailing Address
 13725 LAKE COWARD DR
 WINDERMERE, FL 34786

44005065



2. Principal Place of Business
13725 Lake Coward Dr

3. Mailing Address
13725 Lake Coward Drive

Suite, Apt. #, etc.

01192004 Chg-NP CR2E037 (10/03)

City & State
Windermere, FL

City & State
Windermere FL

4. FEI Number
 59-3418333

Applied For
 Not Applicable

Zip
34786

Country
 USA

Zip
34786

Country
 USA

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

6. Name and Address of Current Registered Agent

SYMONELLE, THOMAS
 18728
 WINDERMERE, FL 34786

7. Name and Address of New Registered Agent

Name *SYMONETTE, Thomas B.*

Street Address (P.O. Box Number is Not Acceptable)
~~*13725 Lake Coward Dr*~~

City *Windermere* FL Zip Code *34786*

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 *Thomas B. Symonette Treas.* DATE *1/11/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNELL, TRACY 13519 LAKE CAWOOD DRIVE WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIBONS, GIGENA 13627 LAKE COWARD DR WINDERMERE, FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOMLENY, ANN 13628 LAKE CAWOOD DRIVE WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SYMONETTE, THOMAS B 13725 LAKE CAWOOD DR WINDERMERE, FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNELL, TRACY 13629 LAKE CAWOOD DR WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEARSON, EDWARD 13741 LAKE COWARD DR WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nick Bomleny 13628 LAKE CAWOOD DR Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Glena Gibbons 13627 LAKE CAWOOD DR Windermere, FL 34786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Monica Gould 13709 LAKE CAWOOD DR Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEN Methe 13627 LAKE CAWOOD DR Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *Thomas B. Symonette Treas.* *Thomas B. Symonette* DATE *1/11/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #