

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

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90039 049 \*\*\*\*61.25

**DOCUMENT # N97000004545**

1. Entity Name

LAKE FISCHER ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

C/O LIGHTHOUSE MGMT  
P.O. BOX 0774  
WINDERMERE FL 34786

Mailing Address

C/O LIGHTHOUSE MGMT  
P.O. BOX 0774  
WINDERMERE FL 34786  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TAYLOR, ROBERT L  
850 CONCOURSE PWY S  
SUITE 105  
MAITLAND FL 32751~~

Name

Becker & Poliakoff, P.A.

Street Address (P.O. Box Number is Not Acceptable)

ATTN: C. John Christensen, Esq.

2500 Maitland Center Parkway, Suite 209

City

Maitland

FL

Zip Code  
32751

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

*C. John Christensen* for Becker & Poliakoff, P.A. 3/11/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JARAMILLO, JAIME	
STREET ADDRESS	9108 LK COVENTRY CT	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SARCHET, CORB	
STREET ADDRESS	9345 LAKE FISCHER BLVD	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SAND, BELL	
STREET ADDRESS	101 LAKE DARBY PLACE	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLGER, DALE	
STREET ADDRESS	9368 LAKE FISCHER BLVD	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TOLER, VIANA	
STREET ADDRESS	9101 LK COVENTRY CT	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLIS, ANTHONY	
STREET ADDRESS	900 LK FISCHER BLVD	
CITY-ST-ZIP	GOTHA FL 34734	

TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE HUSBANDS	
STREET ADDRESS	9121 LAKE FISCHER BLVD	
CITY-ST-ZIP	GOTHA, FL 34734	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE PILOTO	
STREET ADDRESS	9357 LAKE FISCHER BLVD	
CITY-ST-ZIP	GOTHA, FL 34734	
TITLE	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE BRUNE	
STREET ADDRESS	9009 LAKE COVENTRY CT	
CITY-ST-ZIP	GOTHA, FL 34734	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUREEN WEEKES	
STREET ADDRESS	9103 LAKE FISCHER BLVD	
CITY-ST-ZIP	GOTHA, FL 34734	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Feb 04 (407) 582-1400

Date

Daytime Phone #