

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90117 041 \*\*\*\*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

1st MOORE

CR2E037 (10/05)

4. FEI Number  
**59-3471341**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.**  
**ATTN: C. JOHN CHRISTENSEN, ESQ.**  
**2500 MAITLAND CENTER PKWY, SUITE 209**  
**MAITLAND FL 32751**

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

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, 2006**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	HUSBANDS, DALE	
STREET ADDRESS	9121 LAKE FISCHER BLVD	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BELL, SANDI	
STREET ADDRESS	101 LAKE DARBY PLACE	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GRAY, ERIKA	
STREET ADDRESS	9108 LAKE FISCHER BLVD	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JARAMILLO, JAIME	
STREET ADDRESS	9108 LAKE CONVENTY COURT	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGLEY, DAN	
STREET ADDRESS	9229 LAKE FISCHER BLVD	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	D	<input type="checkbox"/> Delete
NAME	PACIFICO, KAREN	
STREET ADDRESS	9350 LAKE FISCHER BLVD	
CITY-ST-ZIP	GOTHA FL 34734	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD GAVE	
STREET ADDRESS	258 LAKE DARBY PLACE	
CITY-ST-ZIP	GOTHA, FL 34734	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S D	<input checked="" 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 exemptions contained in Section 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:** *Sandi Bell* Sandi Bell 2-14-06 407-445-9221