


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90035 022 \*\*\*\*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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3471341</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <b>FL</b> 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		DATE _____	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAVE, DONALD		NAME	GAUS	
STREET ADDRESS	258 LAKE DARBY PL		STREET ADDRESS		
CITY- ST- ZIP	GOTHA FL 34734		CITY- ST- ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BELL, SANDI		NAME	P D ALBERT, STEVE	
STREET ADDRESS	101 LAKE DARBY PLACE		STREET ADDRESS	9150 LAKE FISCHER BLVD,	
CITY- ST- ZIP	GOTHA FL 34734		CITY- ST- ZIP	GOTHA, FL 34734	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRAY, ERIKA		NAME	D CHYLINSKI, DAVID	
STREET ADDRESS	9108 LAKE FISCHER BLVD		STREET ADDRESS	9102 LAKE FISCHER BLVD,	
CITY- ST- ZIP	GOTHA FL 34734		CITY- ST- ZIP	GOTHA, FL 34734	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JARAMILLO, JAIME		NAME		
STREET ADDRESS	9108 LAKE CONVENTRY COURT		STREET ADDRESS		
CITY- ST- ZIP	GOTHA FL 34734		CITY- ST- ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LANGLEY, DAN		NAME	VP D DICKERSON, NATHAN	
STREET ADDRESS	9229 LAKE FISCHER BLVD		STREET ADDRESS	9156 LAKE FISCHER BLVD,	
CITY- ST- ZIP	GOTHA FL 34734		CITY- ST- ZIP	GOTHA, FL 34734	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PACIFICO, KAREN		NAME	SD TOTARAM, DOREEN	
STREET ADDRESS	9350 LAKE FISCHER BLVD		STREET ADDRESS	9030 LAKE FISCHER BLVD,	
CITY- ST- ZIP	GOTHA FL 34734		CITY- ST- ZIP	GOTHA, FL 34734	



1st MOORE CR2E037 (10/06)

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: Doreen Totaram **DOREEN TOTARAM SECRETARY** / 407-291-8998  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/15/07 Daytime Phone #