


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90023 040 ****61.25

DOCUMENT # N97000004545
 1. Entity Name
LAKE FISCHER ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O LIGHTHOUSE MGMT **C/O LIGHTHOUSE MGMT**
P.O. BOX 0774 **P.O. BOX 0774**
WINDERMERE FL 34786 **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

Zip Country Zip Country

4. FEI Number **59-3471341** Applied For
 Not Applicable

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



1st MOORE CR2E037 (10/07)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	D	<input checked="" type="checkbox"/> Delete
NAME	GAUS, DONALD	
STREET ADDRESS	258 LAKE DARBY PL	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALBERT, STEVE	
STREET ADDRESS	9150 LAKE FISCHER BLVD	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHYLINSKI, DAVID	
STREET ADDRESS	9102 LAKE FISCHER BLVD	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JARAMILLO, JAIME	
STREET ADDRESS	9108 LAKE CONVENTRY COURT	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DICKERSON, NATHAN	
STREET ADDRESS	9156 LAKE FISCHER BLVD	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOTARAM, DOREEN	
STREET ADDRESS	9030 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	LANGLEY, DAN	
STREET ADDRESS	9229 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		<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		

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: Stephen J. ALBERT 3/13/08 407-354-5810
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #