


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N13314 1. Entity Name LAKE PICKETT WOODS ASSOCIATION, INC.	
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Principal Place of Business C/O GREYSTONE MANAGEMENT 1950 LEE ROAD STE 212 WINTER PARK, FL 32789 US	Mailing Address C/O GREYSTONE MANAGEMENT 1950 LEE ROAD STE 212 WINTER PARK, FL 32789 US
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2706334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREYSTONE MANAGEMENT CO INC
1950 LEE ROAD
SUITE 212
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAN, KING 2775 LAKE PICKETT PL CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCMURRAN, JOHN 2710 LAKE PICKETT PL CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROFFLER, REX PO BOX 660054 CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZYMANSKI, WILLIAM 2609 SWEET CREEK CROSSING CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFRANE, ROBERT 130 CROOKED OAK RD CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: KING CHAN TREASURER FEB 15, 2005 407 736 4782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #