

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004745

FILED
Mar 29, 2005
Secretary of State

Entity Name: LAKE PICKETT MANOR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3440314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W
SENTRY MANAGEMENT INC
2180 W SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: HUMPHREYS, AIDA M
Address: 13016 ODYSSEY LAKE WAY
City-St-Zip: ORLANDO, FL 32826

Title: SD () Delete
Name: MARKS, DIANE
Address: 13007 ODYSSEY LAKE WAY
City-St-Zip: ORLANDO, FL 32826

Title: TD () Delete
Name: MAHONEY, JOE
Address: 12981 ODYSSEY LAKE WAY
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PALMER, BLAKE
Address: 12969 ODYSSEY LAKE WAY
City-St-Zip: ORLANDO, FL 32826

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LOGES, MARK
Address: 13020 ODYSSEY LAKE WAY
City-St-Zip: ORLANDO, FL 32826

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLAKE PALMER

PD

03/29/2005

Electronic Signature of Signing Officer or Director

Date