

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90176 008 \*\*\*\*61.25

**DOCUMENT # N01000000267**

1. Entity Name  
**LAKE DOE COVE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**PO BOX 1262  
PLYMOUTH, FL 32703**

Mailing Address  
**PO BOX 1262  
PLYMOUTH, FL 32703**

**50047943**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3711854**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**COLES, BONNIE E  
587 DOE COVE PLACE  
APOPKA, FL 32703**

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
COLES, BONNIE E  
587 DOE COVE PLACE  
APOPKA, FL 32703** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SWANSON, RYAN  
637 DOE COVE PLACE  
APOPKA, FL 32703** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
CADDET, KATHLEEN  
599 DOE COVE PLACE  
APOPKA, FL 32703** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FLETCHER, MARK  
649 DOE COVE PLACE  
APOPKA, FL 32703** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEVENTHAL, KEVIN  
865 LAKE DOVE BLVD  
APOPKA, FL 32703** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WIEBE, GEORGE  
729 LAKE DOE BLVD  
APOPKA, FL 32703** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KEVIN LEVENTHAL  
865 LAKE DOVE BLVD  
APOPKA, FL 32703** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
KYLE TAGUB  
873 LAKE DOE BLVD  
APOPKA, FL 32703** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
CADDET, KATHLEEN  
599 DOE COVE PLACE  
APOPKA, FL 32703** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
TOM WHERSTLIN  
745 LAKE DOE BLVD  
APOPKA, FL 32703** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JOSEPH D.  
JOSEPH WHATTON  
593 DOE COVE PLACE  
APOPKA, FL 32703** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ANTHONY PETRONAKA  
1717 W. MARSHALL LAKE DR  
APOPKA, FL 32703** ☒ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/05

407-889-0335