


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N08311 1. Entity Name LAKE PICKETT ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 623278 OVIEDO, FL 32762-3278	Mailing Address LAKE PICKETT ESTATE HOA P.O. BOX 623278 OVIEDO, FL 32762-3278
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06192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3440135	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMITH, KATHIE
2476 MILLS CREEK ROAD
CHULUOTA, FL 32766**

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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 September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGENBACH, RUSSELL 2269 MILLS CREEK RD CHULUOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SMITH, KATHIE 2476 MILLS CREEK ROAD CHULUOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DIETRICH, LISA 2276 MILLS CREEK ROAD CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAUHOFFER, DON 2801 MILLS CREEK ROAD CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000767149
07/06/07-80002-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Don M. Rauhofer* **6-19-07** **407-221-9193**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #