2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734735

Entity Name: LAKE DOWN SHORES REPLAT ARCHITECTURAL CONTROL COMMITTE & HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2624 MIDSUMMER DR WINDERMERE, FL 34786

Current Mailing Address:

2624 MIDSUMMER DR WINDERMERE, FL 34786 US

FEI Number: 59-2586963

Name and Address of Current Registered Agent:

HOFF, PATRICIA J 2624 MIDSUMMER DR WINDERMERE, FL 34786 US

FILED Mar 14, 2014 Secretary of State CC7434757890

Certificate of Status Desired: No

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

Officer/Director Detail :

Oncer/Director Detail :				
	Title	PRES	Title	V-P
	Name	DANTIN, DAN	Name	SCHOLZ, RICHARD
	Address	2936 MIDSUMMER DRIVE	Address	2803 MIDSUMMER DRIVE
	City-State-Zip:	WINDERMERE, FL 34786	City-State-Zip:	WINDERMERE FL 34786
	Title	SEC.	Title	TRES
	Name	MCCLELLAN, DORENE	Name	HOFF, PATRICIA J
	Address	9703 MAYWOOD DRIVE	Address	2624 MIDSUMMER DR
	City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	WINDERMERE, FL 34786
	Title	ASST. TRES.	Title	DIR
	Title Name	ASST. TRES. WOODARD, RON	Title Name	DIR HOFF, DAVID
	Name	WOODARD, RON	Name	HOFF, DAVID
	Name Address	WOODARD, RON 2720 MIDSUMMER DRIVE	Name Address	HOFF, DAVID 2624 MIDSUMMER DRIVE
	Name Address City-State-Zip:	WOODARD, RON 2720 MIDSUMMER DRIVE WINDERMERE FL 34786	Name Address City-State-Zip:	HOFF, DAVID 2624 MIDSUMMER DRIVE WINDERMERE FL 34786
	Name Address City-State-Zip: Title	WOODARD, RON 2720 MIDSUMMER DRIVE WINDERMERE FL 34786 BOARD MEMBER	Name Address City-State-Zip: Title	HOFF, DAVID 2624 MIDSUMMER DRIVE WINDERMERE FL 34786 BOARD MEMBER
	Name Address City-State-Zip: Title Name	WOODARD, RON 2720 MIDSUMMER DRIVE WINDERMERE FL 34786 BOARD MEMBER PEACOCK, JOHN	Name Address City-State-Zip: Title Name	HOFF, DAVID 2624 MIDSUMMER DRIVE WINDERMERE FL 34786 BOARD MEMBER MCMAHAN, SALLY

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA J. HOFF

TREASURER

03/14/2014

Date

Electronic Signature of Signing Officer/Director Detail

Date