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. 03/27/2018

SEC'Y/TREASURER

SIGNATURE: BARBARA J. PETERS

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

Name and Address of Current Registered Agent:

PETERS, BARBARA J 371 DREAM LAKE DRIVE APOPKA, FL 32712 US

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 :

Title	PD	Title	ST
Name	CRYTZER, HARRY	Name	PETERS, BARBARA
Address	214 SHARP STREET	Address	371 DREAM LAKE DR
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712
Title	D		
Title Name	D WARREN, MARSHA		
	-		

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N02981

Entity Name: DREAM LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

371 DREAM LAKE DR APOPKA, FL 32712

POST OFFICE BOX 1365 APOPKA, FL 32704

FEI Number: 59-2420252

Certificate of Status Desired: No

Date

FILED Mar 27, 2018 Secretary of State CC5914738366

Date