


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 727450 1. Entity Name LAKE WASHINGTON PROPERTY OWNERS ASSOCIATION INC.			
Principal Place of Business 5440 SAND LAKE DR MELBOURNE, FL 32934		Mailing Address 5440 SAND LAKE DR MELBOURNE, FL 32934	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent LAUER, MAXINE 5440 SAND LAKE DR MELBOURNE, FL 32934		DO NOT WRITE IN THIS SPACE	
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 May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAUER, MAXINE 5440 SAND LAKE DR MELBOURNE, FL 32934		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BURKE, PAT 5300 SAND LAKE MELBOURNE, FL 32934		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHURCH, LESLIE 5155 PINA VISTA DR MELBOURNE, FL 32934		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLER, ISABELLE 5465 SAND LAKE DR MELBOURNE, FL 32934		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'CONNELL, BOB 5380 SAND LAKE DR MELBOURNE, FL 32934		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELLAH, SUZANNE 5225 SAND LAKE DR MELBOURNE, FL 32934		
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: <i>Maxine S Lauer</i> Maxine S Lauer		1/10/06 321-259-2897	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND PHONE NUMBER	



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 23-7335795 Applied For Not Applicable

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

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01/20/06-80050-023 61.25