2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 727450

1. Entity Name
LAKE WASHINGTON PROPERTY OWNERS
ASSOCIATION INC.

Principal Place of Business	Mailing Address
5440 SAND LAKE DR MELBOURNE, FL 32934	5440 SAND LAKE DR MELBOURNE, FL 32934

DO NOT WRITE IN THIS SPACE

01072007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
23-7335795	Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUER, MAXINE
5440 SAND LAKE DR
MELBOURNE, FL 32934

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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 _____

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, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAUER, MAXINE
STREET ADDRESS	5440 SAND LAKE DR
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	V
NAME	BURKE, PAT
STREET ADDRESS	5300 SAND LAKE
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	SD
NAME	CHURCH, LESLIE
STREET ADDRESS	5155 PINA VISTA DR
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	T
NAME	MILLER, ISABELLE
STREET ADDRESS	5465 SAND LAKE DR
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	D
NAME	O'CONNELL, BOB
STREET ADDRESS	5380 SAND LAKE DR
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	D
NAME	BELLAH, SUZANNE
STREET ADDRESS	5225 SAND LAKE DR
CITY-ST-ZIP	MELBOURNE, FL 32934

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01/11/07-80049-021 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: _Maxine A. Lauer_   1/8/07 Maxine S. Lauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #