

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 734735**

1. Entity Name

LAKE DOWN SHORES REPLAT ARCHITECTURAL CONTROL  
COMMITTEE & HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9600 AMBLESIDE  
WINDERMERE FL 34786

9600 AMBLESIDE  
WINDERMERE FL 34786



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2586963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

MARQUI, MARY  
9600 AMBLESIDE DR  
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME HOFF, DAVID  
STREET ADDRESS 2624 MIDSUMMER DR  
CITY-STATE-ZIP WINDERMERE, FL 00000

TITLE SD ☐ Delete  
NAME FOSTER, JAMES  
STREET ADDRESS 2824 MIDSUMMER DR.  
CITY-STATE-ZIP WINDERMERE FL 34786

TITLE D ☐ Delete  
NAME MC CLELLAN, JOSEPH  
STREET ADDRESS 5703 MAYWOOD DRIVE  
CITY-STATE-ZIP WINDERMERE FL 34786

TITLE T ☐ Delete  
NAME MARQUI, MARY  
STREET ADDRESS 9600 AMBLESIDE DR  
CITY-STATE-ZIP WINDERMERE, FL 00000

TITLE P ☐ Delete  
NAME WOOD, DON  
STREET ADDRESS 2803 MIDSUMMER DR  
CITY-STATE-ZIP WINDERMERE, FL 00000

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
000000725091  
05/03/07-80008-013 61.25

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
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☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mary Marqui*