DOCUMENT # 737284         Subscription         I. Early Minor LAKE PATRICIA HOMEOWNERS, INC.         Principal Place of Business         Mailing Address 14411 LAKE (HILDS COURT MAMILAKES, FL 33014 US         Subscription	200	04 NOT-FOR-PRO ANNUAL	FILED May 26, 2004 8:00 am Secretary of State			
Indiant LAKE CHILDS COURT       14411 LAKE SUBJECT       14411 LAKE SUBJECT       14411 LAKE SUBJECT         2. Principal Place of Business       3. Mailing Address       05042004       Chg-NP       CR2E037 (10/03)         2. Principal Place of Business       3. Mailing Address       05042004       Chg-NP       CR2E037 (10/03)         2. Principal Place of Business       3. Mailing Address       05042004       Chg-NP       CR2E037 (10/03)         2. Outry       2.0       Country       2.0       Country       8. Certificate of Status Desred       \$8.75 Addressed         2.0       Country       2.0       Country       8. Certificate of Status Desred       \$8.75 Addressed         3. Mains and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         3. The above named entity submits this statement for the purpose of changing its registered agent, or bolt, in the State of Florida. Lam familiar with, and accept me obligation of tegetered agent.       State Address of New Registered Agent       Dete         3. Thing Foe Is \$61.25       9. Election Campagn Financing       \$5.00 May teget       Florida Depretiment of State       Dete         3. Thing Foe Is \$61.25       9. Election Campagn Financing       \$5.00 May teget       Florida Depretiment of State       Dete         3. Thing Foe Is \$61.25       9.	1 Entity Name	<b>x</b>	IC.			
Suife. Apl. #, etc.     Suife. Apl. #, etc.     05042004     Chg-NP     CR2E037 (10/03)       City & State     City & State     4. FEI Number     Applied For       Zip     Country     Zip     Country     5. Certificate of Status Desired     S8.75 Additional       Zip     Country     Zip     Country     5. Certificate of Status Desired     S8.75 Additional       BUDLONG, SAM     14411 LAKE CHILDS CT     Nome     Street Address of New Registered Agent     Nome       BUDLONG, SAM     Street Address (P.O. Box Number is Not Acceptable)     City Upp Code     City Upp Code       6. 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. Lam familiar with, and accept the obligations of registered agent.     DAIK       SiGNATURE     Spatza, typed to precent agent are to regestable.     POTE-Registered Agent agent, or both, in the State of Florida. Department of State.       10/r     OFFICERS AND DIRECTORS     9. Election Compage Financing     State Address TO OFFICERS AND DIRECTORS IN 10       10/r     OFFICERS AND DIRECTORS     11.     ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       10/r     OFFICERS AND DIRECTORS     11.     ADDITONS/CHANGES TO OFFICERS AND ORECTORS IN 10       10/r     OFFICERS AND DIRECTORS     11.     ADDITONS/CHANGES TO OFFICERS AND ORECTORS IN 10       10/r     OFFICE	14411 LAKE CHILDS COURT 14411 LAKE CHILDS COUR					
City & Siste       City & Siste       4. FEI Number       Appbed For NOT APPLICABLE       Appbed For Not Applicable         Zip       Country       Zip       Country       S. Certificate of Status Desired       S8.75 Additional Fee Required         BUDLONG, SAM 14411 LAKE CHILDS CT MIAMI LAKES, FL 33014       Nume       Nume       Street Address of New Registered Agent         BUDLONG, SAM 14411 LAKE CHILDS CT MIAMI LAKES, FL 33014       Nume       Street Address of New Registered Agent       The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept me obligations of registered agent.         SIGNATURE       Street Address (P.O. Box Number is Not Acceptable)       DAtte         B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept me obligations of registered agent.       Mate check pagable to Florida Department of State         SIGNATURE	2. Principal Place of Business 3. N		3. Mailing Address			
City & state     NOT APPLICABLE     Not Applicable       Zip     Country     Zip     Country     S. Certificate of Status Desired     S8.75 Additional       BUDLONG, SAM     Steer Address of Current Registered Agent     7. Name and Address of Current Registered Agent     Nor Applicable       BUDLONG, SAM     Steer Address (P.O. Box Number is Not Acceptable)     Nume     Steer Address (P.O. Box Number is Not Acceptable)       BUDLONG, SAM     Steer Address (P.O. Box Number is Not Acceptable)     City City City City City City City City	Suite, Apt. #, etc. Suite, Apt. #, etc.				05042004 Chg-NP CR2E037 (10/03)	
	City & State City & State		City & State			
BUDLONG, SAM       Name         BUDLONG, SAM       Street Address (P.O. Box Number is Not Acceptable)         Inter the childs of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.       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.       DATE         SIGNATURE       Signature, syded or prend name of regetated agent and the # appleable.       (NOTE: Registered Agent agent and the # appleable.       DATE         Signature, syded or prend name of regetated agent and the # appleable.       (NOTE: Registered Agent agent and the # appleable.       DATE         Signature, syded or prend name of regetated agent and the # appleable.       (NOTE: Registered Agent agent and the # appleable.       DATE         Signature, syded or prend name of regetated agent and the # appleable.       (NOTE: Registered Agent agent and the # appleable.       DATE         Signature, syded or prend name of regetated agent and the # appleable.       (NOTE: Registered Agent agent agent and the # appleable.       DATE         Signature, syded or prend name of regetated agent and the # appleable.       (NOTE: Registered Agent agent agent agent agent and the # appleable.       DATE         Signature, syded or prend name of regetated agent agent and the # appleable.       The appleable.       The ap	Zip	Country	Zip	Country		
BUDLONG, SAM 14411 LAKE CHILDS CT MIAMI LAKES, FL 33014       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. Lam familiar with, and accept the obligations of registered agent.       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. Lam familiar with, and accept the obligations of registered agent.       (NOTE: Reparted Agent segniture required when constitue)       DATE         SIGNATURE       Signauxe, typed or prevent agent and use / applicable.       (NOTE: Reparted Agent segniture required when constitue)       DATE         9       Due by September 8, 2004       Intel Contribution.       Added to Fase       Florida Department of State         101/2       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10         Intel       BUDLONG, SAM       Street Address FL       33014       Change Maddito         Intel       D       PARROTT, BILL       Delete       Title       Make Street Address FL       33014         Intel       D       PARROTT, BILL       Delete       Title       Street Address FL       33014         Intel       VD       A	· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.       SIGNATURE	14411 LAKE CHILDS CT					
the obligations of registered agent.         SIGNATURE						
Ing/       Original PD       □ Delete       Intle       V P ~ Director       □ Change       ☑ Addition         ITTLE       BUDLONG, SAM       □ Delete       ITTLE       ABE       GR4_MORI       □ Change       ☑ Addition         STREET ADDRESS       14411 LAKE CHILDS COURT .       ITTLE       ITTLE       ABE       GR4_MORI       □ Change       ☑ Addition         CITY-ST-ZIP       MIAMI LAKES, FL 33014       □ Delete       ITTLE       SECTY - DIRECTOR       □ Change       ☑ Addition         NAME       PARROTT, BILL       □ Delete       ITTLE       SECTY - DIRECTOR       □ Change       ☑ Addition         NAME       PARROTT, BILL       □ Delete       ITTLE       SECTY - DIRECTOR       □ Change       ☑ Addition         NAME       PARROTT, BILL       □ Delete       ITTLE       SECTY - DIRECTOR       □ Change       ☑ Addition         NAME       PARROTT, BILL       □ Delete       ITTLE       SECTY - DIRECTOR       □ Change       ☑ Addition         NAME       PARROTT, BILL       □ Delete       ITTLE       SECTY - DIRECTOR       □ Change       ☑ Addition         NAME       PARMI LAKES, FL 33014       □ Delete       □ TTLE       □ Change       ☑ Addition         NAME       VD       <	SIGNATURE       Signature, typed or printed name of registered agent and tide if applicable.       (NOTE: Registered Agent aignature (equired when renstating)       DATE         5       Filling Fee is \$61.25       9. Election Campaign Financing       \$5.00 May Be       Make chack: payable to         3       Due by September 8, 2004       Trust Fund Contribution.       Image: Control of State       Florida Department of State         10:       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
ITILE       D       Delete       ITILE       SECTY - DIRECTOA.       Change       Iddition         NAME       PARROTT, BILL       IDelete       ITILE       SECTY - DIRECTOA.       IChange       Iddition         STREET ADDRESS       14345 LK CANDLEWOOD CT       NAME       HLICIA- PAMIES       6361 LK. CHAMPAGNA TERR       IChange       Iddition         ITILE       VD       VD       ITILE       TREAS - DIRECTOR       IChange       Iddition         NAME       VD       ITILE       ITILE       TREAS - DIRECTOR       IChange       Iddition         NAME       VD       ITILE       ITILE       TREAS - DIRECTOR       IChange       Iddition         NAME       VD       IDelete       ITILE       TREAS - DIRECTOR       IChange       IDAddition         NAME       VD       IDelete       ITILE       TREAS - DIRECTOR       IChange       IDAddition         NAME       VD       IDElete       ITILE       ILOURDESS       6320 LK. CHAMPAGNN       TERR         STREET ADDRESS       14120 LAKE CANDLEWOOD COURT       CTIY-ST-ZIP       ITILE       INAME       STREET ADDRESS       6320 LK. CHAMPAGNN       TERR         ITILE       D       Delete       ITILE       DIRECTOR	TITLE NAME STREET ADDRESS	PD BUDLONG, SAM 14411 LAKE CHILDS COURT .		TITLE V NAME A STREET ADDRESS	P-DIRECTOR Change Addition 3E BALMORI 1921 LK. SUCCESS PL	
ITTLE     VD     ITTLE     TREAS     DIRECTOR     Change     PAddition       NAME     ECHOLS, H.R.     ECHOLS, H.R.     COURDES     WONS     Change     PAddition       STREET ADDRESS     14120 LAKE CANDLEWOOD COURT     STREET ADDRESS     6320 LK. CHAMPANN     TEAR       CITY-ST-ZIP     MIAMI LAKES, FL 33014     CITY-ST-ZIP     MIAMI LAKES     FL 33014     CITY-ST-ZIP       TITLE     D     Delete     NTLE     DIRECTOR     Change     PAddition       NAME     MYERS, NANCY     Delete     NAME     KRTHERINE ENRIQUEE     CAUDU SUDD CT	TITLE NAME STREET ADDRESS	D PARROTT, BILL 14345 LK CANDLEWOOD CT	Delete	TITLE SI NAME ADDRESS 6	CTY - DIRECTOR Change Addition ACIA PRMIES 61 LK. CHAMPLAIN TERR	
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CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP MIAMI LAKES FL 33014	NAME STREET ADDRESS	MYERS, NANCY 14331 LAKE SARANAC	Delete	NAME K STREET ADDRESS ( CITY-ST-ZIP //	ATHERINE ENRIQUEZ 1315 LK, CANDLEWOOD CT, 1AMI LAKES FL 33014	
NAME BOETTCHER, GLORIA NAME JOHN GREANBY STREET ADDRESS 14321 LAKE SARANAC GITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP MIAMI LAKES FL 33014	NAME STREET ADDRESS	BOETTCHER, GLORIA 14321 LAKE SARANAC	Defete	NAME STREET ADDRESS CITY-ST-ZIP	ONN GREANBY 360 LK. JUNE RD. MAMI LAKES FL 33014	
NAME BERRIDS, ROBERT SIREET ADDRESS 6550 LK LURE DR CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP MIAMI LAKES FL 33014	NAME STREET ADDRESS CITY - ST - ZIP	BERRIDS, ROBERT 6550 LK LURE DR MIAMI LAKES, FL 33014		NAME STREET ADDRESS CITY-ST-ZIP	NALICIA BARBA 1010 LK. CANDLEWDOD CT. NAMI LAKES FL 33014	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 is changed, or on an attactment with an address, with all other like empowered. SIGNATURE:	indicated of the cor changed,	on this report or supplemental report in poration or the receiver or trustee emp or on an attactment with an address.	is true and accurate and that my powered to execute this report a with all other like empowered.	required by Chap	e the same legal effect as if made under oath, that if an an once of director $rate and rate of the control of$	