


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90197 049 \*\*\*\*61.25

|  |   |   |  |   |   |
|--|---|---|--|---|---|
| <b>DOCUMENT # 739950</b><br>1. Entity Name<br><b>LAKE WAUNATTA WOODS HOMEOWNER'S ASSOCIATION, INC.</b>   |   |   |  |                |   |
| Principal Place of Business<br><b>7913 LAKE WAUNATTA DR<br/>WINTER PARK, FL 32792</b>  |   |   | Mailing Address<br><b>BOX 5033<br/>WINTER PARK, FL 32792</b>                             |   |   |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |   |
| City & State   |   | City & State  |  | 4. FEI Number<br><b>59-1801888</b>  |   |
| Zip  |   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |
| City & State   |   | City & State  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent  |   |   |
| OKRASKI, JUDITH A<br>7913 LAKE WAUNATTA DR<br>WINTER PARK, FL 32792  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |   |   |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                    |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>ALEXANDER, IRENE<br>44033 YACHT COURT<br>WINTER PARK, FL 32792      | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>OKRASKI, JUDITH A<br>7913 LAKE WAUNATTA DR<br>WINTER PARK, FL 32792  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>SECRETARY<br/>ELLISSA McQUAMIE<br/>4092 TENITA DR<br/>WINTER PARK, FL 32792</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CO<br>LUCAS, JAN<br>7919 LAKE WAUNATTA DR<br>WINTER PARK, FL 32792        | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CO<br>OKRASKI, JUDITH A<br>7913 LAKE WAUNATTA DR<br>WINTER PARK, FL 32792 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>TREASURER<br/>JUDITH A. OKRASKI<br/>7913 LAKE WAUNATTA DR<br/>WINTER PARK FL 32792</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>KAISER, JOSEPH<br>8026 LAKE WAUNATTA DR<br>WINTER PARK, FL 32792     | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>PRESIDENT<br/>RICHARD BAKER<br/>4080 TENITA DR<br/>WINTER PARK, FL 32792</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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>Judith A. Okraski</i> <b>JUDITH A. OKRASKI</b> /09/2006<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 407-671-4084  |   |   |  |   |   |