2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90048 018 ****61.25

DOCUMENT # 749747

1. Entity Name
LAKE TYLER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1400 W HOLDEN AVE ORLANDO, FL 32839	1400 W HOLDEN AVE #5000 ORLANDO, FL 32839

02262005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1400 W. Holden Ave Suite, Apt. #, etc.
City & State	Orlando, FL City & State
Zip / Country	32839 / Orange Zip / Country

4. FEI Number 59-2068032 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARREN, DAWN 1400 W HOLDEN AVE ORLANDO, FL 32839	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. (REQUIRED) Registered Agent signature required when changing DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☑ Delete	TITLE	President	☐ Change ☑ Addition
NAME	CHATMAN, ROBERT		NAME	Robert Stephenson	
STREET ADDRESS	1430 BW HOLDEN AVE.		STREET ADDRESS	1270 Shadowmoss Circle	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	VPD	☑ Delete	TITLE	Director	☐ Change ☑ Addition
NAME	EWER, MARGARET		NAME	Robert Wells	
STREET ADDRESS	1442 BE HOLDEN AVE.		STREET ADDRESS	537 Artesia Street	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	TD	☑ Delete	TITLE	Secretary/Treasurer	☐ Change ☑ Addition
NAME	GARCIA, MICHAEL		NAME	Tim Evans	
STREET ADDRESS	5059 STRATC MEYER DR.		STREET ADDRESS	1412 C W. Holden Avenue	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	SD	☑ Delete	TITLE	Vice President	☐ Change ☑ Addition
NAME	EVANS, TIM		NAME	Jeffrey Kiser	
STREET ADDRESS	1412 S..W. HOLDEN AVE.		STREET ADDRESS	1609 Hackney Avenue	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Orlando, FL 32806	
TITLE	D	☑ Delete	TITLE	Director	☐ Change ☑ Addition
NAME	NIBLETT, FAYE		NAME	Mike Garcia	
STREET ADDRESS	5316 INDIAN CREEK DR.		STREET ADDRESS	5059 Stratemeyer Drive	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	D	☑ Delete	TITLE	Director	☐ Change ☐ Addition
NAME	STEPHENSON, ROBERT		NAME	Margaret Ewer	
STREET ADDRESS	1270 SAHODW MOSS CIRCLE		STREET ADDRESS	1442 B W. Holden Avenue	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Orlando, FL 32839	

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tim Evans, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #