

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90157 032 \*\*\*\*61.62

**DOCUMENT # 749747**

1. Entity Name

LAKE TYLER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1400 W HOLDEN AVE  
ORLANDO FL 32839

Mailing Address

1400 W HOLDEN AVE  
ORLANDO FL 32839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2068032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

WARREN, DAWN  
1400 W HOLDEN AVE  
ORLANDO FL 32839

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 P ☐ Delete  
NAME STEPHENSON, ROBERT  
STREET ADDRESS 1270 SHADOWMOSS CIRCLE  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE D ☐ Delete  
NAME WELLS, ROBERT  
STREET ADDRESS 537 ARTESIA STREET  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ST ☐ Delete  
NAME EVANS, TIM  
STREET ADDRESS 1412 CE HOLDEN AVENUE  
CITY-ST-ZIP ORLANDO FL 32839

TITLE VO ☐ Delete  
NAME KISER, JEFFREY  
STREET ADDRESS 1609 HACKNEY AVENUE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☒ Delete  
NAME GARCIA, MIKE  
STREET ADDRESS 5059 STRATEMEYER DRIVE  
CITY-ST-ZIP ORLANDO FL 32839

TITLE D ☒ Delete  
NAME EWER, MARGARET  
STREET ADDRESS 1442 BW HOLDEN AVENUE  
CITY-ST-ZIP ORLANDO FL 32839

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☒ Addition  
NAME Dennis Warren  
STREET ADDRESS 329 Raven Rock Ln  
CITY-ST-ZIP Longwood, FL 32750

TITLE Director ☐ Change ☒ Addition  
NAME Rob Stephenson Sr.  
STREET ADDRESS 7392 Poplar Dr.  
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE Director ☐ Change ☒ Addition  
NAME Aura Jimenez  
STREET ADDRESS 2253 3rd Ave Apt. 2603  
CITY-ST-ZIP New York, N.Y. 10035

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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:

*Tim Evans* **TIM EVANS**

3/29/06

407-856-1544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #