

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90030 027 \*\*\*\*61.25

**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

20006574



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-2068032

Applied For  
Not Applicable

Zip

Country

Zip

Country

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

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

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

TITLE D  
NAME WARREN, DENNIS ☐ Delete  
STREET ADDRESS 329 RAVEN ROCK LN  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE D  
NAME STEPHENSON, ROB SR ☐ Delete  
STREET ADDRESS 7292 POPHAM DR  
CITY-ST-ZIP FORT MYERS, FL 33919

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME TIM EVANS  
STREET ADDRESS 1412 C W. Holden Ave  
CITY-ST-ZIP ORLANDO, FL 32839

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 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:

*TIM EVANS* TIM EVANS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/07 407.856-1544