2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

04-09-2007 90065 006 ****61.25

DOCUME	NT #753371	

1. Entity Name

LAKE OLYMPIC TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

Secretary Secr	C/O WORLD (2884 S OSCE ORLANDO, FI	OLA AVE 2884 S OSCEOLA AVE					٠	4005 	,			12 2 	81814 8 1814 8 18			
City & State Ci	2. Principal P	lace of Busine	ess - No P.O. Box	# 3. Mail	ing Address											
September Sept	Suite, Apt.	#, etc.		Sui	ite, Apt. #, etc.				0127	2007	Chg-N	P	CR	2E037	(12/06)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, VICKI 2884 S OSCEOLA AVE ORLANDO, FL 32806 City FL Zip Code City FL Zip Code 8. 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 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida Benth	City & State	9		Cit	y & State						128				_ 	plied For t Applicable
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DIAZ, VICKI 2884 SOSCEOLA AVE ORLANDO, FL 32806 Street Address (P.O. Box Number is Not Acceptable)		6. Name a	and Address of C	urrent Registere	d Agent				7. Nan	ne and A	ddress	of New	Registe	ered Ag	gent	·
B. 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 I amiliar with, and the obligations of registered agent. SIGNATURE Signature Signature howed or private name of registered agent and site / anotheroble. (International private supplies to private name of registered agent and site / anotheroble. (International private supplies to private name of registered agent. (International private supplies to private name of registered agent. (International private name of registered agent. (Internatio	2884 S OS	CEOLA AV						ddress (l	P.O. Box	Number	is Not A	cceptab	ile)			
SIGNATURE Signature Signature Noted or provided name of registered agent and title if accelerated (NOTE Registered Agent agriture required when rendating) DATE						,	Ĺ								<u> </u>	
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12. Thereby certify that the information supplied with this filling 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 employed 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 M8 empowered.

SIGNATURE: