

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760517

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** LAKE IRMA ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

882 JACKSON AVE  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

882 JACKSON AVE  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 59-2136495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRACKIN, ANDREA L  
882 JACKSON AVE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FITZPATRICK, JACK  
Address: 3966 ORANGE LAKE DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: SD ( ) Delete  
Name: POKORSKI, THOMAS  
Address: 8787 BELTER DR  
City-St-Zip: ORLANDO, FL 32817

Title: VD ( ) Delete  
Name: CONRAD, VICKI  
Address: 3959 ORANGE LAKE DRIVE  
City-St-Zip: ORLANDO, FL 2817

Title: TD ( ) Delete  
Name: MILLER, SHIRLEEN  
Address: 3945 MUZANTE COURT  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FOWLER, WILLIAM  
Address: 8762 BELTER DR  
City-St-Zip: ORLANDO, FL 32817

Title: SD (X) Change ( ) Addition  
Name: SCHNITKER, WILLIAM  
Address: 8781 BELTER DR  
City-St-Zip: ORLANDO, FL 32817

Title: VD (X) Change ( ) Addition  
Name: BLACKBERRY, KATHRYN  
Address: 3968 ORANGE LAKE DRIVE  
City-St-Zip: ORLANDO, FL 2817

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM FOWLER

PD

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date