2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# 760517

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: FOWLER, WILLIAM
Address: 8762 BELTER DR
City-St-Zip: ORLANDO, FL 32817

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

Title: VD ( ) Delete
Name: BLACKBERRY, KATHRYN
Address: 3968 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: VD (X) Change ( ) Addition
Name: BLACKBURN, KATHRYN
Address: 3868 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 03/20/2007

Electronic Signature of Signing Officer or Director — Date