



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90222 010 ****61.25

DOCUMENT # 762602 1. Entity Name LAKE DOT VILLAS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 809-120809 CLERMONT, FL 32711-34712			Mailing Address P.O. BOX 809-120809 CLERMONT, FL 32711-34712		
2. Principal Place of Business P.O. BOX 120809 Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 120809 Suite, Apt. #, etc.			
City & State CLERMONT, FL		City & State CLERMONT, FL		4. FEI Number 59-2190282	
Zip 34712		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, BARBARA 948 FIFTH STREET 11-A CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name BRUCE H. PAHALY Street Address (P.O. Box Number is Not Acceptable) 964 FIFTH ST City CLERMONT, FL Zip Code 34711	
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 <u>BRUCE H. PAHALY</u> <u><i>Bruce H. Pahaly</i></u> <u>6/2/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIRRI, RUTH 920 FIFTH ST CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDERLIN, MATTHEW 980 FIFTH ST. CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PADRO, SANTIAGO 988 FIFTH ST CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BARBARA 948 FIFTH ST CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAHALY, BRUCE H 964 FIFTH ST CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, ANTONIA 956 FIFTH ST. CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANELES, FAY 760 FIFTH ST. CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAUGHNESSY, JANE 936 FIFTH ST CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZADORA, JUANITA 972 FIFTH ST. CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Bruce H. Pahaly</i></u> <u>BRUCE H. PAHALY</u> <u>6/2/05</u> <u>(352) 241-8575</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

26061391

LAKE DOT VILLAS ASSOCIATION, INC.

P.O.Box 120809

CLERMONT, FL. 34712

#762602

April 27, 2005

Division of Corporations
Annual Report Section
P.O.Box 6850
Tallahassee, FL 32314

Our officers changed in January. We have made several attempts to
secure the Annual Report form with no success.

Please accept this list of current officers for 2005.

Document # 762602

Lake Dot Villas Association, Inc.

P.O.Box 120809

Clermont, FL 34712

FEI 59-2190282

New Registered Agent - Pahaly, Bruce H.

964 Fifth Street

Clermont, FL 34711

SIGNATURE

Bruce H. Pahaly

4/28/05
date

Sec. Tirri, Ruth

920 Fifth St.

Clermont, FL 34711

VP Padro, Santiago

988 Fifth St.

Clermont, FL 34711

Pres. Pahaly, Bruce H.

964 Fifth Stt.

Clermont, FL 34711

Tres. King, Antonia

956 Fifth St.

Clermont, FL 34711

Dir. Shaughnessy, Jane

936 Fifth St.

Clermont, FL 34711

Dir. Zadora, Juanita

972 Fifth St.

Clermont, FL 34711

SIGNATURE

Bruce H. Pahaly

Bruce H. Pahaly
President

4/28/05
Date

(852) 241-8575
Phone

encl. Ck # 2420 \$61.25 for filing fee



ATTACHMENT

20061391

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 6, 2005

LAKE DOT VILLAS ASSOCIATION, INC.
P.O. BOX 120809
CLERMONT, FL 34712

SUBJECT: LAKE DOT VILLAS ASSOCIATION, INC.
Ref. Number: 762602

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Jessica C Justice

Letter Number: 105A00039642