


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 764313</b> 1. Entity Name LAKE DOWN HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 10435 DOWN LAKEVIEW CIRCLE WINDERMERE, FL 34786 US	Mailing Address PO BOX 1201 WINDERMERE, FL 34786 US
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01142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2719715	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ALARIE, JOSEPH T JR 10435 DOWN LAKEVIEW CIRCLE WINDERMERE, FL 34786	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALARIE, JOE 10435 DOWN LAKEVIEW CIRCLE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWMAN, ANDY 1626 DOWNLAKE DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ONTKO, DAVID 1704 DOWNLAKE DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AKEN, TERESA 10350 DOWN LAKEVIEW CIR. WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, KIM 10342 DOWN LAKEVIEW CIRCLE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000791128  
01/23/08-80061-020 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **DAVID ONTKO** **1/14/2008** **407-934-6697**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #