

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002467

FILED  
Jan 25, 2012  
Secretary of State

**Entity Name:** ENTERPRISE HOUSING - LAKE WALES, INC.

**Current Principal Place of Business:**

833 WEST MAIN STREET  
CARMEL, IN 46032

**New Principal Place of Business:**

**Current Mailing Address:**

833 WEST MAIN STREET  
CARMEL, IN 46032

**New Mailing Address:**

**FEI Number:** 35-1873038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETERS, HUGH M  
307 MARSH POINT CIRCLE  
ST. AUGUSTINE, FL 32080 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: PTD  
Name: PETERS, HUGH M  
Address: 307 MARSH POINT CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SD  
Name: THOMAS, DONNA S  
Address: 3560 TOWNE DRIVE  
City-St-Zip: CARMEL, IN 46032

Title: D  
Name: COLLINS, MARK E  
Address: 437 LANDINGS LOOP E.  
City-St-Zip: WESTERVILLE, OH 43082

Title: D  
Name: BROWN, JOSEPH C  
Address: 11476 LAKE STONEBRIDGE LANE  
City-St-Zip: FISHERS, IN 46038

Title: D  
Name: KRANSTUBER, DAVID T  
Address: P.O. BOX 361  
City-St-Zip: NORTH MYRTLE BEACH, SC 29582

I hereby 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 all other like empowered.

SIGNATURE: DONNA S. THOMAS

SD

01/25/2012

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

\_\_\_\_\_  
Date