

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002382
 1. Entity Name
 WOODS ON LAKE ELSIE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
 PO BOX 1655 PO BOX 1655
 MOUNT DORA, FL 32756 MOUNT DORA, FL 32756



04062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
 NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAUGH, MERLE G
 1900 LAKE EUSTIS DRIVE
 EUSTIS, FL 32726

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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 renewing) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAUGH, MERLE G PO BOX 1655 MOUNT DORA, FL 32756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JIM 1201 LAKE ELSIE DRIVE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEACE, REGINA 1104 JUNIPER CRT. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FISH, T.J. 1110 JUNIPER CRT. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *J. A. Wa* 4-07-05 352-343-5290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #