2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# N00000005353

Entity Name: LAKE GATLIN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4800 WATERWITCH PT. DR.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

4800 WATERWITCH PT. DR.
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 52-2293416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHROEDER, ROBBYE
4800 WATERWITCH PT. DR.
ORLANDO, FL 32806 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: MEDDOCK, LARRY
Address: 4860 WATERWITCH PT. DR.
City-St-Zip: ORLANDO, FL 32806

Title: VPD ( ) Delete
Name: SCHROEDER, C.A.
Address: 4800 WATERWITCH PT. DR.
City-St-Zip: ORLANDO, FL 32806

Title: TD ( ) Delete
Name: SHCROEDER, ROBBYE
Address: 4800 WATERWITCH POINT DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: SD ( ) Delete
Name: COPELY, BRENDA
Address: 5109 THE OAKS CIRCLE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: SCHROEDER, ROBBYE
Address: 4800 WATERWITCH POINT DRIVE
City-St-Zip: ORLANDO, FL 32806

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: ROBBYE SCHROEDER TD 01/06/2007

Electronic Signature of Signing Officer or Director — Date