


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90473 010 \*\*\*\*61.25

<b>DOCUMENT # N00000005814</b>					
<b>1. Entity Name</b> LAKE VENUS ESTATES HOMEOWNER'S ASSOCIATION, INC.				<b>54053891</b>	
<b>Principal Place of Business</b> 427 RONNIE CIR ORLANDO, FL 32861		<b>Mailing Address</b> 427 RONNIE CIR ORLANDO, FL 32861			
<b>2. Principal Place of Business</b> 420 Wilmer Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 420 Wilmer Ave Suite, Apt. #, etc.			
<b>City &amp; State</b> Orlando FL		<b>City &amp; State</b> Orlando FL		<b>4. FEI Number</b> 59-3686491	
<b>Zip</b> 32811-1477		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PAL, D. 427 RONNIE CIR ORLANDO, FL 32861				<b>7. Name and Address of New Registered Agent</b> Name: Janet Montford Street Address (P.O. Box Number is Not Acceptable): 420 Wilmer Ave City: Orlando FL Zip Code: 32811	
<b>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.</b> SIGNATURE: <u>Janet Montford</u> DATE: <u>May 1, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D	<b>NAME</b> PAL, D		<b>TITLE</b> D	<b>NAME</b> Janet Montford	
<b>STREET ADDRESS</b> 427 RONNIE CIR	<b>CITY-ST-ZIP</b> ORLANDO, FL 32811		<b>STREET ADDRESS</b> 420 Wilmer Ave	<b>CITY-ST-ZIP</b> Orlando, FL 32811-1477	
<b>TITLE</b> D	<b>NAME</b> MOORE, LAQUITA		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 405 RONNIE CIR	<b>CITY-ST-ZIP</b> ORLANDO, FL 32811		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> JOSEPH, JEAN J		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 405 FRED ST	<b>CITY-ST-ZIP</b> ORLANDO, FL 32811		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Janet Montford</u> <u>May 1, 2004</u> <u>407-836-5728</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					