

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001982

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** THE LAKE ADAIR PLACE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

717 N. LAKE ADAIR BLVD  
ORLANDO, FL 32804

**New Principal Place of Business:**

1178 ADAIR PARK PLACE  
ORLANDO, FL 32804

**Current Mailing Address:**

P.O. BOX 547875  
ORLANDO, FL 32854

**New Mailing Address:**

**FEI Number:** 02-0531394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOWLING, EMBREE A  
717 N. LAKE ADAIR BLVD  
ORLANDO, FL 32804 US

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

FORD, ROBERT C  
1178 ADAIR PARK PLACE  
ORLANDO, FL 32804 US

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: ROBERT C. FORD

01/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FORD, ROBERT C  
Address: 1178 ADAIR PARK PLACE  
City-St-Zip: ORLANDO, FL 32804

Title: VP  
Name: MARTIN, MARTHA I  
Address: 1166 ADAIR PARK PLACE  
City-St-Zip: ORLANDO, FL 32804

Title: S  
Name: MARTIN, MARTHA I  
Address: 1166 ADAIR PARK PLACE  
City-St-Zip: ORLANDO, FL 32804

Title: T  
Name: GREATWOOD, DIANE  
Address: P.O. BOX 547875  
City-St-Zip: ORLANDO, FL 32854

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: DIANE BASS GREATWOOD

TREA

01/31/2011

Electronic Signature of Signing Officer or Director

Date