


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005391</b> 1. Entity Name LAKE BLANCHE ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 503 N ORLANDO AVE SUITE 105 COCOA BEACH, FL 32931	Mailing Address 503 N ORLANDO AVE SUITE 105 COCOA BEACH, FL 32931
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03262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3753259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**8. Name and Address of Current Registered Agent**

SHOEMAKER, JOHN B  
 503 N ORLANDO AVE 105  
 COCOA BEACH, FL 32931

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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	PD KODSI, STEVEN 503 N ORLANDO AVE 105 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, MAGGIE 503 N ORLANDO AVE 105 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, SYLVIA 503 N ORLANDO AVE 105 COCOA BEACH, FL 32931
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000139338  
 04/29/04-80116-025 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Sylvia Lee Faniel **4/23/04** **407 2947931**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 SYLVIA LEE FANIEL