

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90331 050 ****61.25

DOCUMENT # N01000005391					
1. Entity Name LAKE BLANCHE ESTATES HOMEOWNERS ASSOCIATION, INC.					
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		
2. Principal Place of Business 101 W. Colonial Dr Suite, Apt. #, etc.		3. Mailing Address 101 W. Colonial Dr Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-3753259	
Zip 32801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 503 N ORLANDO AVE 105 COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 101 W. Colonial Dr City Orlando FL Zip Code 32801	
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				DATE 4/22/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME KODSI, STEVEN STREET ADDRESS 503 N ORLANDO AVE 105 CITY - ST - ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE PD NAME KODSI, STEVEN STREET ADDRESS 503 N ORLANDO AVE 105 CITY - ST - ZIP COCOA BEACH, FL 32931
TITLE SD NAME JOHNSON, MAGGIE STREET ADDRESS 503 N ORLANDO AVE 105 CITY - ST - ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE SD NAME JOHNSON, MAGGIE STREET ADDRESS 503 N ORLANDO AVE 105 CITY - ST - ZIP COCOA BEACH, FL 32931
TITLE D NAME LEE, SYLVIA STREET ADDRESS 503 N ORLANDO AVE 105 CITY - ST - ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D NAME LEE, SYLVIA STREET ADDRESS 503 N ORLANDO AVE 105 CITY - ST - ZIP COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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:				DATE 4/22/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 407 294 7931	