

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 04, 2006  
Secretary of State**

DOCUMENT# N01000005614

Entity Name: LAKE DAVIS ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JAY WOLSZCZAK, 6100 OLD PARK LANE  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JAY WOLSZCZAK, 6100 OLD PARK LANE  
ORLANDO, FL 32835

**New Mailing Address:**

FEI Number: 59-3745465      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WOLSZCZAK, JAY A  
6100 OLD PARK LANE  
ORLANDO, FL 32835      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: VD      ( ) Delete  
Name: WOLSZCZAK, JAY  
Address: 5424 WATER CREEK DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: PD      ( ) Delete  
Name: TOMASSO, CHRISTOPHER  
Address: 5436 WATER CREEK DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: SD      ( ) Delete  
Name: FORWARD, ERIC  
Address: 6539 CRESTMONT GLEN LANE  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: JAY WOLSZCZAK

VD

04/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date