2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007714

FILED Apr 13, 2005 Secretary of State

Entity Name: LAKE DOT LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000

LONGEOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000

LONGWOOD, FL 32779 US

FEI Number: 01-0584577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR C/O SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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:

Flateria Constant of Desirtant Asset

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: () Change () Addition

Title: PD () Delete
Name: KELLER, PAUL
Address: 249 CURTIS AVE

City-St-Zip: GROVELAND, FL 34736

 Title:
 VPSD () Delete

 Name:
 MANNING, LEROY

 Address:
 260 CURTIS AVE

 City-St-Zip:
 GROVELAND, FL 34736

Title: TD () Delete

 Name:
 GARBUTT, EUNICE

 Address:
 219 CURTIS AVE

 City-St-Zip:
 GROVELAND, FL 34736

Title: VPD (X) Change () Addition

Name: MANNING, LEROY
Address: 260 CURTIS AVE
City-St-Zip: GROVELAND, FL 34736

Title: STD (X) Change () Addition

Name: GARBUTT, EUNICE
Address: 219 CURTIS AVE
City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL KELLER PD 04/13/2005