

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01827

FILED
Jan 27, 2005
Secretary of State

Entity Name: LAKE MINNEOLA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 120533
CLERMONT, FL 34712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120533
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 59-2895534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELTON, DAVID
655 W. HWY 50
SUITE 102
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

GINN, DOROTHY
650 WEST OSCEOLA STREET
CLERMONT, FL 34711 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: DOROTHY P GINN

01/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: BOOTH, JEAN
Address: 662 WEST OSCEOLA ST
City-St-Zip: CLERMONT, FL 34711

Title: DST () Delete
Name: GINN, DOROTHY P
Address: 650 WEST OSCEOLA ST
City-St-Zip: CLERMONT, FL 34711

Title: DP () Delete
Name: HELTON, DAVID
Address: 655 W. HWY 50 SUITE 102
City-St-Zip: CLERMONT, FL 34711

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 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: DOROTHY P. GINN

DST

01/27/2005

Electronic Signature of Signing Officer or Director

Date