


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N01827 1. Entity Name LAKE MINNEOLA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 120533 CLERMONT, FL 34712	Mailing Address P.O. BOX 120533 CLERMONT, FL 34712
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03152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2895534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GINN, DOROTHY 650 WEST OSCEOLA STREET CLERMONT, FL 34711

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRAWLEY, MURRY 656 W OSCEOLA ST CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GINN, DOROTHY P 650 WEST OSCEOLA ST CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHOLBE, JACK 674 W OSCEOLA ST CLERMONT, FL 34711
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03/29/07-80024-020 61.25
**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Dorothy P. Ginn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03 - 15 - 07 <small>Date</small>	4076563934 <small>Daytime Phone #</small>
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