

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01827

FILED  
Jan 09, 2008  
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:**

650 WEST OSCEOLA STREET  
CLERMONT, FL 34711

**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:**

GINN, DOROTHY  
650 WEST OSCEOLA STREET  
CLERMONT, FL 34711 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: DV ( ) Delete  
Name: CRAWLEY, MURRY  
Address: 656 W 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: SCHOLBE, JACK  
Address: 674 W OSCEOLA ST  
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 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: DOROTHY P. GINN

DST

01/09/2008

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

\_\_\_\_\_  
Date