

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003384

**FILED**  
**Aug 19, 2004**  
**Secretary of State****Entity Name:** LAKE DAISY ESTATES PHASE THREE HOMEOWNERS ASSOCIATION, INC**Current Principal Place of Business:**286 LAKE DAISY LOOP  
WINTER HAVEN, FL 33884**New Principal Place of Business:****Current Mailing Address:**286 LAKE DAISY LOOP  
WINTER HAVEN, FL 33884**New Mailing Address:****FEI Number:** 01-0673440**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KEEFE-HULINGS, SHARON  
286 LAKE DAISY LOOP  
WINTER HAVEN, FL 33884 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:** DP ( ) Delete  
**Name:** HULINGS, DAVID  
**Address:** 286 LAKE DAISY LOOP  
**City-St-Zip:** WINTER HAVEN, FL 33884**Title:** DV ( ) Delete  
**Name:** MADAUS, RICHARD  
**Address:** 298 LAKE DAISY LOOP  
**City-St-Zip:** WINTER HAVEN, FL 33884**Title:** DS ( ) Delete  
**Name:** LEWIS, MAGGIE  
**Address:** 294 LAKE DAISY LOOP  
**City-St-Zip:** WINTER HAVEN, FL 33884**Title:** DT ( ) Delete  
**Name:** KEEFE-HULINGS, SHARON  
**Address:** 286 LAKE DAISY LOOP  
**City-St-Zip:** WINTER HAVEN, FL 33884**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DVP (X) Change ( ) Addition  
**Name:** MADAUS, RICHARD  
**Address:** 298 LAKE DAISY LOOP  
**City-St-Zip:** WINTER HAVEN, FL 33884**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DT (X) Change ( ) Addition  
**Name:** KEEFE-HULINGS, SHARON  
**Address:** 286 LAKE DAISY LOOP  
**City-St-Zip:** WINTER HAVEN, FL 33884

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: SHARON KEEFE-HULINGS

DT

08/19/2004

Electronic Signature of Signing Officer or Director

Date