2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2006
Secretary of State

DOCUMENT# N02000003384

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: DVP ( ) 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: ( ) 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 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: SHARON KEEFE-HULINGS DT 07/02/2006

Electronic Signature of Signing Officer or Director — Date