


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90013 046 ****70.00

DOCUMENT # N02000003650	
1. Entity Name LAKE DAVIS VILLAS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1216 CATHERINE STREET ORLANDO FL 32801 US	Mailing Address 1216 CATHERINE STREET ORLANDO FL 32801 US
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2. Principal Place of Business - No P.O. Box # 1218 Catherine Street Suite, Apt. #, etc.	3. Mailing Address 1218 Catherine Street Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Orlando, FL	City & State Orlando, FL
Zip 32801	Zip 32801
Country U.S.A.	Country USA

4. FEI Number 38-3641914	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEGGY STUCKER 1216 Catherine Street Orlando, FL 32801	
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7. Name and Address of New Registered Agent Joyce Huey Lee 1218 Catherine Street Orlando, FL 32801	
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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 Joyce Lee <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 1/27/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBOD STUCKER, PEGGY 1216 CATHERINE STREET ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBOD JOYCE HUEY LEE 1218 Catherine Street Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VBOD QAUNDT, BRANDON 1216 CATHERINE STREET ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VBOD PEGGY STUCKER 1216 Catherine Street Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD JOHNSON, EDWARD 633 E COLONIAL DRIVE ORLANDO FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD JOHNSON, EDWARD 633 E. COLONIAL DRIVE ORLANDO, FL 32803 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joyce Lee <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 1/29/07	DAYTIME PHONE: 407-895-0062
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