


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000006026			
1. Entity Name THE LAKES AT EAST PARK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 475 W. TOWN PLACE #100 ST. AUGUSTINE, FL 32092		Mailing Address 475 WEST TOWN PL STE 100 SAINT AUGUSTINE, FL 32092	
2. Principal Place of Business - No P.O. Box # 610 OXFORD SYCAMORE St Suite, Apt. #, etc. Suite # 140		3. Mailing Address Suite, Apt. #, etc. City & State Celebration, FL Zip 34747	
4. City & State City & State Zip 34747		4. FEI Number 52-2371213	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SEVERN TRENT SERVICES, INC. 475 W TOWN PLACE SUITE 100 ST. AUGUSTINE, FL 32092	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 <u>Sheli Moran as agent</u> <u>SHELI MORAN</u> <u>6/29/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS TURNER, SCOTT 10412 EASTPARK LAKE DRIVE ORLANDO, FL 32832 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERIKA REMLEY 10463 EAST PARK LAKE DR ORLANDO, FL 32832 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERRY RINEHART 10509 MOSS ROSE WAY ORLANDO, FL 32832 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MELINDA RUTKOSKY 10460 EASTPARK LAKE DR ORLANDO, FL 32832 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAWN MAXWELL 10489 MOSS ROSE WAY ORLANDO, FL 32832 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANCIS VASQUEZ 10555 EASTPARK LAKE DR ORLANDO, FL 32832 <input type="checkbox"/> Change <input checked="" 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 100106259861 07/17/07--01020--004 **\$61.25
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: <u>E.H. Remley</u> <u>Erika H. Remley</u> <u>7/6/07</u> <u>407-275-3522</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

FILED

2007 JUL -9 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06292007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 Sheli Moran as agent SHELI MORAN 6/29/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TS
TURNER, SCOTT
10412 EASTPARK LAKE DRIVE
ORLANDO, FL 32832 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ERIKA REMLEY
10463 EAST PARK LAKE DR
ORLANDO, FL 32832 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
SHERRY RINEHART
10509 MOSS ROSE WAY
ORLANDO, FL 32832 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
MELINDA RUTKOSKY
10460 EASTPARK LAKE DR
ORLANDO, FL 32832 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SHAWN MAXWELL
10489 MOSS ROSE WAY
ORLANDO, FL 32832 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
FRANCIS VASQUEZ
10555 EASTPARK LAKE DR
ORLANDO, FL 32832 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
100106259861
07/17/07--01020--004 **\$61.25

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: E.H. Remley Erika H. Remley 7/6/07 407-275-3522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #