

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90096 007 \*\*\*\*70.00

**DOCUMENT # N02000006615**

1. Entity Name  
**LOST LAKE GLEN HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**706 TURNBULL AVENUE  
SUITE 102  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**706 TURNBULL AVENUE  
SUITE 102  
ALTAMONTE SPRINGS, FL 32701**

**04060479**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**06-1645987**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**GRAHAM, JESSE E SR.  
369 NORTH NEW YORK AVENUE  
THIRD FLOOR  
WINTER PARK, FL 32789**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☒ Delete  
NAME GOLDBERG, ALLEN N  
STREET ADDRESS 706 TURNBULL AVENUE #102  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

T ☐ Change ☒ Addition  
NAME BRIAN OSBURN  
STREET ADDRESS 932 SAZA RUN  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE VSTD ☒ Delete  
NAME COLE, WILLIAM W JR.  
STREET ADDRESS 706 TURNBULL AVENUE #102  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

D ☐ Change ☒ Addition  
NAME MICHAEL BORGAILO  
STREET ADDRESS 925 SAZA RUN  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE D ☒ Delete  
NAME SCHAU, FREDERIC G  
STREET ADDRESS 4760 N. PALMETTO AVENUE  
CITY-ST-ZIP WINTER PARK, FL 32792

D ☐ Change ☒ Addition  
NAME DAVID MORGAN  
STREET ADDRESS 912 SAZA RUN  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE PD ☐ Delete ☒ Add  
NAME BERT GERBER  
STREET ADDRESS 936 SAZA RUN  
CITY-ST-ZIP CASSELBERRY, FL 32707

D ☐ Change ☒ Addition  
NAME OSSIE HEATON  
STREET ADDRESS 913 SAZA RUN  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE VD ☐ Delete ☒ Add  
NAME NOAL DAY  
STREET ADDRESS 709 S. LOST LAKE LN.  
CITY-ST-ZIP CASSELBERRY, FL 32707

☐ Change ☐ Addition

TITLE S ☐ Delete ☒ Add  
NAME JANE CATALANO  
STREET ADDRESS 905 SAZA RUN  
CITY-ST-ZIP CASSELBERRY, FL 32707

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Bert Gerber, President BERT GERBER 407-257-3407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/04