2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N02000006615

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

Current Principal Place of Business:

936 SAZA RUN
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

936 SAZA RUN
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 06-1645987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, JESSE E SR.
369 NORTH NEW YORK AVENUE
THIRD FLOOR
WINTER PARK, FL 32789 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: D ( ) Delete
Name: GERBER, BERT
Address: 936 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

Title: PD ( ) Delete
Name: NOAL, DAY
Address: 709 SOUTH LOST LAKE LANE
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: SD ( ) Delete
Name: CATALANO, JANE
Address: 905 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

Title: VD ( ) Delete
Name: HEATON, OSSIE
Address: 913 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: JACKSON, EDWARD
Address: 901 SOUTH LOST LAKE LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: MORGAN, DAVID
Address: 912 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: NOAL, DAY
Address: 709 SOUTH LOST LAKE LANE
City-St-Zip: CASSELBERRY, FL 32707

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: D (X) Change ( ) Addition
Name: CATALANO, JANE
Address: 905 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

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: BERT GERBER D 04/30/2006

Electronic Signature of Signing Officer or Director — Date