


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90014 016 \*\*\*\*61.25

<b>DOCUMENT # N02000008545</b>					
1. Entity Name <b>THE PRESERVE AT LAKE MONROE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5205 S. ORANGE AVE. STE. 206 ORLANDO, FL 32809</b>			Mailing Address <b>5205 S. ORANGE AVE. STE. 206 ORLANDO, FL 32809</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>72-1551367</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HOUSE OF MANAGEMENT ENTERPRISES FOR COMMUNITY ASSOCIATIONS, INC. 5205 S. ORANGE AVE., STE. 206 ORLANDO, FL 32809</b>				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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONARD, WAYNE		NAME		
STREET ADDRESS	124 BRISTOL FOREST TR		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUKAS, PETE		NAME	PD	
STREET ADDRESS	205 WALNUT CREST RUN		STREET ADDRESS	134 BRISTOL FOREST TRACE	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HART, AHMED		NAME		
STREET ADDRESS	103 KEYSTONE CREST CT		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKHART, JULIE		NAME		
STREET ADDRESS	325 WILLOWBAY RIDGE ST		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D	
STREET ADDRESS			STREET ADDRESS	STEPHANIE SIMMONS	
CITY-ST-ZIP			CITY-ST-ZIP	114 WILSON BAY COURT	
				SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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01282008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**72-1551367**

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

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: \_\_\_\_\_  
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, 2008**

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 VPD ☐ Delete

NAME LEONARD, WAYNE

STREET ADDRESS 124 BRISTOL FOREST TR

CITY-ST-ZIP SANFORD, FL 32771

TITLE PD ☒ Delete

NAME DUKAS, PETE

STREET ADDRESS 205 WALNUT CREST RUN

CITY-ST-ZIP SANFORD, FL 32771

TITLE SD ☐ Delete

NAME HART, AHMED

STREET ADDRESS 103 KEYSTONE CREST CT

CITY-ST-ZIP SANFORD, FL 32771

TITLE D ☐ Delete

NAME BURKHART, JULIE

STREET ADDRESS 325 WILLOWBAY RIDGE ST

CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

*Paul W. Leonard*, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/08 407-852-5300

Date Daytime Phone #