2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02114

Feb 13, 2007 Secretary of State

Entity Name: THE LAKE LOTUS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 274 WILSHIRE BLVD STE 282 CASSELBERRY, FL 32707 **New Mailing Address: Current Mailing Address:** C/O FLARENT, INC 274 WILSHIRE BLVD STE 282 CASSELBERRY, FL 32707 FEI Number: 59-2411703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALL, GEOFFREY W 274 WILSHIRE BLVD. SUITE 282 CASSELBERRY, FL 32707 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SCHLESKE, RALPH NYQUIST, LEE Name: Name: 1064 LOTUS PARKWAY #943 Address: 1068 LOTUS PARKWAY #825 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US Title: () Delete Title: () Change () Addition METEVIER, PHYLLIS Name: Name: Address: 1054 LOTUS COVE #612 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: Title: PD() Delete Title: () Change () Addition OWENS, NADINE Name: Name: Address: 1036 BONAIRE DRIVE #2842 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: DEFILLIPO, MICHAEL Name: 1068 LOTUS COVE CT, #811 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition GOLDBERG, ESTHER Name: Name: GOLDBERG, ESTHER 1068 LOTUS PKWY #802 1068 LOTUS PKWY #822 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: MICHAEL DEFILLIPO TD 02/13/2007