2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# N02114

Entity Name: THE LAKE LOTUS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

274 WILSHIRE BLVD
STE 282
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

C/O FLARENT, INC
274 WILSHIRE BLVD STE 282
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-2411703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, GEOFFREY W
274 WILSHIRE BLVD.
SUITE 282
CASSELBERRY, FL 32707 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:	SD	( ) Delete
Name:	NYQUIST, LEE	
Address:	1068 LOTUS PARKWAY #825	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
Title:	D	( ) Delete
Name:	METEVIER, PHYLLIS	
Address:	1054 LOTUS COVE #612	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
Title:	PD	( ) Delete
Name:	OWENS, NADINE	
Address:	1036 BONAIRE DRIVE #2842	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
Title:	TD	( ) Delete
Name:	DEFILLIPO, MICHAEL	
Address:	1068 LOTUS COVE CT, #811	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
Title:	VPD	( ) Delete
Name:	GOLDBERG, ESTHER	
Address:	1068 LOTUS PKWY #822	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FELLS, SHERYL	
Address:	1068 LOTUS PARKWAY #821	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	SCHECTER, ALISON	
Address:	1068 LOTUS COVE CT, #831	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: NADINE OWENS PD 04/01/2008

Electronic Signature of Signing Officer or Director — Date