

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90228 015 ****61.25

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03262006 Chg-NP CR2E037 (11/05)

DOCUMENT # N02981 1. Entity Name DREAM LAKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 297 BONNIE GLEN LANE APOPKA, FL 32712			Mailing Address POST OFFICE BOX 2464 APOPKA, FL 32704		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2420252	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'CONNOR, JOHN E 216 MALEAN DR APOPKA, FL 32712				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 CRYTZER, HARRY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	214 SHARP STREET		NAME		
STREET ADDRESS	APOPKA, FL 32712		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD O'CONNOR, JOHN E <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	216 MALEAN DR		NAME		
STREET ADDRESS	APOPKA, FL 32712		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ST PETERS, BARBARA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	371 DREAM LAKE DR		NAME		
STREET ADDRESS	APOPKA, FL 32712		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D WARREN, MARSHA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	270 W. SUMMIT ST.		NAME		
STREET ADDRESS	APOPKA, FL 32712		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D DAVIS, RODERICK <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	255 LALLA LANE		NAME		
STREET ADDRESS	APOPKA, FL 32712		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		
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: <u>Barbara Peters</u> BARBARA PETERS <u>4/28/06</u> <u>(407)788-1717x3106</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					