2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N02981



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

1. Entity Nam DREAM L	AKE HO	MEOWNERS AS	SOCIAT	ION, INC.)5-02-2006 !	90228 ()15 ***	*61.25	
297 BONNIE GLEN LANE POS			POST	ailing Address OST OFFICE BOX 2464 POPKA, FL 32704				60033662				
2. Principal P	lace of Busin	ness	3. Mail	ing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			03262006 C	thg-NP	CR2E0	37 (11/0	5)	
City & State			Cit	City & State			4. FEI Number 59-24202	52			Applied For Not Applicable	
Zip		Country	Zip		Cou	intry	5. Certificate of S	· · · · · · · · · · · · · · · · · · ·		Fee Req	Additional uired	
	6. Name	and Address of Curren	t Registere	d Agent		*1	7. Name and Ad	dress of New R	egistered	Agent		
O'CONNO	R IOHNI	E				Name						
O'CONNOR, JOHN-E 216 MALEAN DR APOPKA, FL 32712							Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip (Code	
	named entitions of regist	ty submits this statement tered agent.	for the purp	ose of changing its	register	 ed office or regis	stered agent, or both, is	n the State of Flo		familiar v	ith, and accept	
SIGNATURE												
	_	e is \$61.25 Nay 1, 2006		9. Election Can Trust Fund C	npaign F		\$5.00 May Be Added to Fees	1	ake chec			
10.	_		DIRECTORS	9. Election Can	npaign F		\$5.00 May Be	Flori	ake chec	rtment o	f State	
10.	_	May 1, 2006	DIRECTORS	9. Election Can	npaign F Contribut	ion. □	\$5.00 May Be Added to Fees	Flori	ake chec	rtment o	f State S IN 10	
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TITLE NAME STREET ADDRESS	PD CRYTZEF 214 SHAF	May 1, 2006 OFFICERS AND C R, HARRY RP STREET	DIRECTORS	9. Election Car Trust Fund C	npaign F Contribut 11. TITU NAM STRE	E EET ADDRESS	\$5.00 May Be Added to Fees	Flori	ake chec	RECTOR	f State S IN 10	
TITLE NAME	PD CRYTZEF 214 SHAF	May 1, 2006 OFFICERS AND C	MRECTORS	9. Election Car Trust Fund C	npaign F Contribut 11. TITU NAM STRE	ion. □	\$5.00 May Be Added to Fees	Flori	ake chec	RECTOR	f State S IN 10	
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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 eath; 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: Barbara Peters	BARBARA PETERS	4/28/06	(407)788-1717,310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	Date	Daytime Phone #	