2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N02981

Entity Name: DREAM LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

371 DREAM LAKE DR
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2464
APOPKA, FL 32704

New Mailing Address:

FEI Number: 59-2420252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PETERS, BARBARA J
371 DREAM LAKE DRIVE
APOPKA, FL 32712 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: PD ( ) Delete
Name: CRYTZER, HARRY
Address: 214 SHARP STREET
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete
Name: O'CONNOR, JOHN E
Address: 216 MALEAN DR
City-St-Zip: APOPKA, FL 32712

Title: ST ( ) Delete
Name: PETERS, BARBARA
Address: 371 DREAM LAKE DR
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: WARREN, MARSHA
Address: 270 W. SUMMIT ST.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BARBARA PETERS ST 05/04/2009
Electronic Signature of Signing Officer or Director — Date