2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N03000005521

Entity Name: LAKE DOE COVE PHASE 3 & 4 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-0280334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: D (X) Delete
Name: CARROLL, LORI
Address: 219 LAKE SHEPARD DR
City-St-Zip: APOPKA, FL 32703

Title: PD ( ) Delete
Name: JOHNSON, CURTIS
Address: 162 WINDING COVE AVE
City-St-Zip: APOPKA, FL 32703

Title: VPD ( ) Delete
Name: NORWOOD, MARY
Address: 464 YEARLING COVE LP
City-St-Zip: APOPKA, FL 32703

Title: TSD ( ) Delete
Name: AQUILINO, JOHN
Address: 227 LAKE SHEPARD DR
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: RICHARDS, ANNETTE B
Address: 150 LAKE SHEPARD DR
City-St-Zip: APOPKA, FL 32703

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D ( ) Change (X) Addition
Name: MAY, CINDY
Address: 1018 LAKE DOE BLVD
City-St-Zip: APOPKA, FL 32703

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: CURTIS JOHNSON PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date