## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2008 8:00 am Secretary of State

1. Entity Name LOST RIVER HOMEOWNERS' ASSO	7683 OCIATION, INC.		05-05-2008 90251 015 ****61.25	
Principal Place of Business 7601 SW LOST RIVER RD- STUART, FL 34997 955 52 + 5 Hwy V	Mailing Address 7601-SW LOST RIVER RE STUART, FL 34997	)	- L Karinan an Canca niin Canca abin Cann ach ach ach ann ann ann ann ann ann ann ann ann an	
2. Principal Place of Business - No P.O. Box #  955 52 + D212 Hwy  Suite, Apt. #, etc.	Suite, Apt. #, etc.	oral Hwa	05012008 Chg-NP CR2E037 (12/06)	
City & State	City & State	<del></del>	4. FFI Number Applied For	r
2ip Country 34994 U.S.A	2ip 34994	Country	90-0226629 Not Applica  5. Certificate of Status Desired \$8.75 Additional	able
6. Name and Address of Current		-USFA		
o. Name and Address of Current	Kegistered Agent	Name ①	7. Name and Address of New Registered Agent	
EDGAR CHARLES WIII 4400 PGA BLVD STE 900			ess (P.O. Box Number is Not Acceptable)  SE TED TO SUMMER 1.	
PALM BEACH GARDENS, FL 33410		75	9 58 +80. HIGHWOM.	
		City 5	WALT FL Zip Code	
The above named eatity submits this statement to the obligations of registered agent.	r the purpose of changing its re	egistered office or re-	gistered agent, or both, in the State of Florida. I am familiar with, and acce	ept
	<b>.</b> .1		1 1	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature re	equired when reinstating)  A 30 0 8  DATE	
Filing Fee is \$61.25  9. Election Campaign Financing \$5.00 May Be Make check payable to				
			<b>40.00</b> may 50	: .
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Due by May 1, 2008  10. OFFICERS AND DIR	Trust Fund Co	ntribution.	Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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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 ordin; that I am an officer or director of the corporation or the repetiver 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 attachysient with an appreciate the empowered.

SIGNATURE:

NOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/20/08 277 20/02/1