

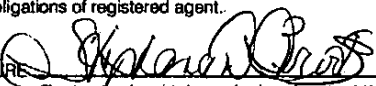
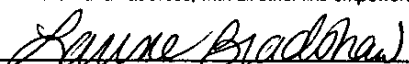


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90468 043 ****61.25

DOCUMENT # N03000009050					
1. Entity Name LAKE COOPER LANDING HOMEOWNERS ASSOC., INC.					
Principal Place of Business 18955 CROOKED LANE LUTZ, FL 33548			Mailing Address 18955 CROOKED LANE LUTZ, FL 33548		
2. Principal Place of Business 18971 Crooked Ln. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 18971 Crooked Ln. <small>Suite, Apt. #, etc.</small>			
City & State Lutz, FL		City & State Lutz, FL		4. FEI Number NOT APPLICABLE	
Zip 33548		Country Hillborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKS, STEPHANIE 18975 CROOKED LANE LUTZ, FL 33548				7. Name and Address of New Registered Agent 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:  DATE: 4-27-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 P NAME BRADSHAW, LAURIE STREET ADDRESS 18955 CROOKED LANE CITY-ST-ZIP LUTZ, FL 33548	<input checked="" type="checkbox"/> Delete		TITLE P NAME Steve Baade STREET ADDRESS 18971 Crooked Ln CITY-ST-ZIP Lutz, FL 33548	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME BRADSHAW, BRIAN STREET ADDRESS 18955 CROOKED LANE CITY-ST-ZIP LUTZ, FL 33548	<input checked="" type="checkbox"/> Delete		TITLE V NAME Melody Baade STREET ADDRESS 18971 Crooked Ln CITY-ST-ZIP Lutz, FL 33548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME BROOKS, STEPHANIE STREET ADDRESS 18975 CROOKED LANE CITY-ST-ZIP LUTZ, FL 33548	<input checked="" type="checkbox"/> Delete		TITLE S NAME Suzanne Knoeppel STREET ADDRESS 18991 Crooked Ln CITY-ST-ZIP Lutz FL 33548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			4/25/05 813-909-1451 <small>Date Daytime Phone #</small>		