2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N03000009453

Entity Name: LAKE CHARM COUNTRY ESTATES HOA, INC.

Current Principal Place of Business:

1180 SPRING CENTER SOUTH BLVD SUITE 340
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1180 SPRING CENTER SOUTH BLVD SUITE 340
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

8009 SOUTH ORANGE AVE
ORLANDO, FL 32809

FEI Number: 20-0366158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHEM, WILLIAM R
%MERCEDES HOMES
12001 SCIENCE DRIVE, STE. 160
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 SOUTH ORANGE AVE
ORLANDO, FL 32809 US

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: REBECCA FURLOW 04/19/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: MAISE, DOUGLAS S
Address: 1180 SPRING CENTER SOUTH BLVD SUITE 340
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DVS ( ) Delete
Name: MAISE, CHARLES D
Address: 1180 SPRING CENTER SOUTH BLVD SUITE 340
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: MITCHEM, WILLIAM R
Address: 1180 SPRING CENTER SOUTH BLVD SUITE 340
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DVS (X) Change ( ) Addition
Name: WOFFORD, KENNETH
Address: 1180 SPRING CENTER SOUTH BLVD SUITE 340
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T/S ( ) Change (X) Addition
Name: KIRWAN, GLENN
Address: 1180 SPRING CENTER SOUTH BLVD SUITE 340
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM R. MITCHEM P 04/19/2006
Electronic Signature of Signing Officer or Director — Date