


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90067 002 ****70.00

DOCUMENT # N03280

1. Entity Name
 LAKE DOE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

501 LAKE DOE BLVD. 501 LAKE DOE BLVD.
 APOPKA, FL 32703 US APOPKA, FL 32703 US

DO NOT WRITE IN THIS SPACE



02082005 No Chg-NP CR2E037 (10/03)

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|----------------------------------|--|
| 4. FEI Number 59-3012854 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DIFAZIO, DEBORAH
 501 LAKE DOE DRIVE
 APOPKA, FL 32703

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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 Deborah Difazio DATE 4-26-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BLACKWELL, PAUL RUSTY TROWBRIDGE 537 LAKE DOE BLVD. 682 LAKE DOE BLVD APOPKA, FL 32703 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DIFAZIO, DEBORAH 501 LAKE DOE BLVD APOPKA, FL 32703 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROSARIO, ALBAHA NINA ROWE 690 LAKE DOE BLVD. 682 LAKE DOE BLVD APOPKA, FL 32703 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PRESIDENT ROWE, MICHAEL 682 LAKE DOE BLVD. APOPKA, FL 32703 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HUME, STEVE GAYLE BREWER 590 LAKE DOE BLVD. 619 LAKE DOE BLVD APOPKA, FL 32703 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Deborah Difazio DATE 4/26/05 DAYTIME PHONE # 407-886-5365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR