


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03280**  
 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**



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-3012854** Applied For / Not Applicable  
 5. Certificate of Status Desired  **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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 TROWBRIDGE, RUSTY 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 ROWE, NINA 682 LAKE DOE BLVD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROWE, MICHAEL 682 LAKE DOE BLVD. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BREWER, GAYLE 619 LAKE DOE BLVD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100001452951  
 03/13/06 80020-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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      2/28/06      407-886-5365  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #