


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90235 031 \*\*\*\*61.25

<b>DOCUMENT # N03280</b> 1. Entity Name LAKE DOE ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 501 LAKE DOE BLVD. APOPKA, FL 32703 US	Mailing Address 501 LAKE DOE BLVD. APOPKA, FL 32703 US
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  DIFAZIO, DEBORAH 501 LAKE DOE DRIVE APOPKA, FL 32703	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROWBRIDGE, RUSTY 611 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	

**DO NOT WRITE  
IN THIS SPACE**

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 4/3/07 407-886-5365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DEBORAH DIFAZIO