

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03280

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: LAKE DOE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

501 LAKE DOE BLVD.  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 LAKE DOE BLVD.  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 59-3012854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIFAZIO, DEBORAH  
501 LAKE DOE DRIVE  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

DIFAZIO, DEBORAH  
501 LAKE DOE BLVD  
APOPKA, FL 32703 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:

04/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: TROWBRIDGE, RUSTY  
Address: 682 LAKE DOE BLVD  
City-St-Zip: APOPKA, FL 32703

Title: T ( ) Delete  
Name: DIFAZIO, DEBORAH  
Address: 501 LAKE DOE BLVD  
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete  
Name: ROWE, NINA  
Address: 682 LAKE DOE BLVD  
City-St-Zip: APOPKA, FL 32703

Title: P ( ) Delete  
Name: ROWE, MICHAEL  
Address: 682 LAKE DOE BLVD.  
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete  
Name: BREWER, GAYLE  
Address: 619 LAKE DOE BLVD  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH DIFAZIO

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date