

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03280

**FILED**  
**Apr 05, 2010**  
**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 BLVD  
APOPKA, FL 32703 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** DEBORAH DIFAZIO

T

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date