


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000005397	
1. Entity Name LAKE TALIA HOMEOWNERS ASSOCIATION, INC.	

FILED

07 SEP 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702	Mailing Address 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702
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2. Principal Place of Business - No P.O. Box # 24646 State Rd. 54 Suite, Apt. #, etc. Suite 102	3. Mailing Address 24646 State Rd. 54 Suite, Apt. #, etc. Suite 102
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08162007 Chg-NP CR2E037 (12/06)

City & State Lutz, Florida	City & State Lutz, Florida
Zip 33559	Country US

4. FEI Number 20-1919567	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAMPART PROPERTIES, INC. 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702	7. Name and Address of New Registered Agent Name Condominium Associates Street Address (P.O. Box Number is Not Acceptable) 24646 State Rd. 54, Suite 102 City Lutz FL Zip Code 33559
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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 Kathy Bramhall Kathy Bramhall, Pasco Regional Mgr. 8/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CACHON, MICHAEL 9887 FOURTH STREET NORTH #301 ST PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500109770695 09/21/07--01055--015 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STRECK, KARL 9887 FOURTH STREET NORTH 301 ST PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STRECK, FRED 9887 FOURTH STREET NORTH #301 ST PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Jennifer Smith 5054 Hartwell Loop Land O'Lakes, FL 34638 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Lutz 8/16/07 813-341-0943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #