

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

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000010503

1. Entity Name
LAKE DAVIS RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**7932 WEST SAND LAKE RD, SUITE 300
ORLANDO, FL 32819 US**

Mailing Address

**7932 WEST SAND LAKE RD, SUITE 300
ORLANDO, FL 32819 US**



02132007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

20-2709721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PAGE, CHRISTINA M ESQ
7232 WEST SAND LAKE RD, SUITE 200
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARB, A TOM
STREET ADDRESS 7932 WEST SAND LAKE RD, SUITE 300
CITY-ST-ZIP ORLANDO, FL 32819

TITLE VPD
NAME JEBAILLEY, RAQUEL
STREET ADDRESS 7932 WEST SAND LAKE RD, SUITE 300
CITY-ST-ZIP ORLANDO, FL 32819

TITLE STD
NAME WHARTON, COLETTE
STREET ADDRESS 7932 WEST SAND LAKE RD, SUITE 300
CITY-ST-ZIP ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/07 407-226-8888