

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010798

FILED  
Feb 04, 2011  
Secretary of State

**Entity Name:** OVERLOOK AT LAKE LOUISA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5756 S. SEMORAN BLVD  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

5756 S. SEMORAN BLVD  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 20-1936102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOUSE OF MANAGEMENT ENTERPRISES FOR COMMUN  
ITY ASSOCIATION, INC.  
5756 S. SEMORAN BLVD  
ORLANDO, FL 32822 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: DP  
Name: HAND, SHARON  
Address: 13141 COLDWATER LOOP  
City-St-Zip: CLERMONT, FL 34711

Title: DST  
Name: KORNATOWSKI, KAREN  
Address: 12945 GLEASON WAY  
City-St-Zip: CLERMONT, FL 32839

Title: DV  
Name: SPEELMAN, WALTER  
Address: 13013 COLDWATER LOOP  
City-St-Zip: CLERMONT, FL 32714

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: SHARON HAND

PRES

02/04/2011

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

\_\_\_\_\_ Date