## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004451

FILED Apr 25, 2006 Secretary of State

Entity Name: LAKE CADIS ESTATES HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2709 CYPRESS MANOR 6150 DIAMOND CENTRE CT BLDG 1300 WESTON, FL 33332 FORT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 2709 CYPRESS MANOR 6150 DIAMOND CENTRE CT BLDG 1300 WESTON, FL 33332 FORT MYERS, FL 33912 FEI Number: 20-4751057 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PHOENIX, CHARLES PT ESQ ALLISON, JANET E 12800 UNIVERSITY DRIVE, STE 260 6150 DIAMOND CENTRE CT BLDG 1300 FT MYERS, FL 33907 FT MYERS, FL 33912 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: JANET E ALLISON 04/25/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete ( ) Change (X) Addition ALLISON, JANET E Name: Name: Address: Address: 6150 DIAMOND CENTRE CT BLDG 1300 City-St-Zip: City-St-Zip: FORT MYERS, FL 33912 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: MOORE, JAMES A Address: Address: 6150 DIAMOND CENTRE CT BLDG 13300 City-St-Zip: City-St-Zip: FORT MYERS, FL 33912 Title: () Delete Title: ( ) Change (X) Addition THIBAUT, RANDY Name: Name: 6150 DIAMOND CENTRE CT BLDG 1300 Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET E ALLISON P 04/25/2006