2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004451

FILED Mar 12, 2008 Secretary of State

Entity Name: LAKE CADIS ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6150 DIAMOND CENTRE CT BLDG 1300 4571 COLONIAL BLVD FORT MYERS, FL 33912

SUITE 102

FORT MYERS, FL 33966

Current Mailing Address: New Mailing Address:

6150 DIAMOND CENTRE CT BLDG 1300 4571 COLONIAL BLVD

SUITE 102 FORT MYERS, FL 33912

FORT MYERS, FL 33966

FEI Number: 20-4751057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALLISON, JANET E

ALLISON, JANET E 4571 COLONIAL BLVD 6150 DIAMOND CENTRE CT BLDG 1300

FT MYERS, FL 33912 SUITE 102 FT MYERS, FL 33966 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: 03/12/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

ALLISON, JANET E ALLISON, JANET E Name: Name:

6150 DIAMOND CENTRE CT BLDG 1300 Address: 4571 COLONIAL BLVD SUITE 102 Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33966

(X) Change () Addition Title: () Delete Title: Name: MOORE, JAMES A Name: MOORE, JAMES A

Address: 6150 DIAMOND CENTRE CT BLDG 13300 Address: 4571 COLONIAL BLVD SUITE 102

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33966

Title: () Delete Title: (X) Change () Addition

THIBAUT, RANDY THIBAUT, RANDY Name: Name:

6150 DIAMOND CENTRE CT BLDG 1300 4571 COLONIAL BLVD SUITE 102 Address: Address:

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify 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 Ρ 03/12/2008