

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004451

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** LAKE CADIS ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4571 COLONIAL BLVD  
SUITE 102  
FORT MYERS, FL 33966

**New Principal Place of Business:**

10471 SIX MILE CYPRESS PKWY  
SUITE 402  
FORT MYERS, FL 33966

**Current Mailing Address:**

4571 COLONIAL BLVD  
SUITE 102  
FORT MYERS, FL 33966

**New Mailing Address:**

10471 SIX MILE CYPRESS PKWY  
SUITE 402  
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:**

ALLISON, JANET E  
4571 COLONIAL BLVD  
SUITE 102  
FT MYERS, FL 33966 US

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

ALLISON, JANET E  
10471 SIX MILE CYPRESS PKWY  
SUITE 402  
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:

03/31/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D P  
Name: ALLISON, JANET E  
Address: 10471 SIX MILE CYPRESS PKWY SUITE 402  
City-St-Zip: FORT MYERS, FL 33966

Title: D  
Name: MOORE, JAMES A  
Address: 10471 SIX MILE CYPRESS PKWY SUITE 402  
City-St-Zip: FORT MYERS, FL 33966

Title: D  
Name: THIBAUT, RANDY  
Address: 10471 SIX MILE CYPRESS PKWY SUITE 402  
City-St-Zip: FORT MYERS, FL 33966

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: JANET E ALLISON

P

03/31/2010

Electronic Signature of Signing Officer or Director

Date