2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N05000007604

Entity Name: LAKE BUFFUM ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

2033 MAIN ST., #600
SARASOTA, FL 34237

New Principal Place of Business:

2033 MAIN STREET
104
SARASOTA, FL 34237

Current Mailing Address:

2033 MAIN ST., #600
SARASOTA, FL 34237

New Mailing Address:

2033 MAIN STREET
104
SARASOTA, FL 34237

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REES, STEPHEN D ESQ.
2033 MAIN ST., #600
SARASOTA, FL 34237 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: PD ( ) Delete
Name: MOREY, ROBERT C II
Address: 1474 TRUNE WAY
City-St-Zip: VENICE, FL 34285

Title: VD ( ) Delete
Name: MAIO, ALAN
Address: 1654 HANOVERIAN CIRCLE
City-St-Zip: NOKOMIS, FL 34275

Title: STD ( ) Delete
Name: THOMPSON, RICHARD
Address: 7750 CHERRY LAUREL CT.
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOREY, ROBERT C II
Address: 2033 MAIN STREET
City-St-Zip: SARASOTA, FL 34237

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT MOREY PRES 05/01/2006
Electronic Signature of Signing Officer or Director — Date