

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009911

FILED  
Jul 11, 2007  
Secretary of State

Entity Name: LAKE CANE HILLS COMMUNITY ASSOCIATION INC.

**Current Principal Place of Business:**

5423 TURKEY LAKE ROAD  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5316 RIDGEWAY DRIVE  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
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:**

WILSON, LISA  
5316 RIDGEWAY DRIVE  
ORLANDO, FL 32819 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: P ( ) Delete  
Name: WILSON, LISA  
Address: 5316 RIDGEWAY DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete  
Name: MORENO, AL  
Address: 7119 CANE HILLS CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: S ( ) Delete  
Name: VRIONIDES, PETER  
Address: 7012 CANE HILLS CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: T ( ) Delete  
Name: SIDES, VERNEL  
Address: 5311 RIDGEWAY DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: C ( ) Delete  
Name: KOPP, JAMES  
Address: 7114 CANE HILLS CIRCLE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: LISA WILSON

P

07/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date