2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N06000000006

Entity Name: LAKE HEINIGER ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DRIVE
SUITE 3300
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

225 S WESTMONTE DRIVE
SUITE 3300
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

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:

CHRISTENSEN, JOHN F
225 S WESTMONTE DRIVE
SUITE 3300
ALTAMONTE SPRINGS, FL 32714 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: CHRISTENSEN, JOHN F
Address: 225 S WESTMONTE DRIVE, SUITE 3300
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD ( ) Delete
Name: LAWSON, E BRUCE
Address: 225 S WESTMONTE DRIVE, SUITE 3300
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD ( ) Delete
Name: JUSTICE, LYNETTE
Address: 225 S WESTMONTE DRIVE, SUITE 3300
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

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: JOHN CHRISTENSEN PD 05/01/2006
Electronic Signature of Signing Officer or Director — Date