

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 JUL 23 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07192007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000008766 1. Entity Name LAKE CECILE RESORT HOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 13899 BISCAYNE BLVD., SUITE 154 N. MIAMI BCH, FL 33181			Mailing Address 13899 BISCAYNE BLVD., SUITE 154 N. MIAMI BCH, FL 33181		
2. Principal Place of Business - No P.O. Box # 5401 S Kirkman Rd Suite, Apt. #, etc. 450		3. Mailing Address Suite, Apt. #, etc.			
City & State Orlando FL		City & State 32819		4. FEI Number 20-0558436	
Zip USA		Zip USA		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LACERDA, HORACIO 13899 BISCAYNE BLVD., SUITE 154 N. MIAMI BCH, FL 33181			7. Name and Address of New Registered Agent Name Community Management Professionals Inc Street Address (P.O. Box Number is Not Accepted) 5401 S Kirkman Rd #450 City Orlando FL 32819		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Harper, President</i></u> DATE <u>7-19-07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUZA, SERGIO 17970 NE 31ST CT., APT. 4115 AVENTURA, FL 33160	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 300107075753 08/01/07--01038--010 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LACERDA, HORACIO 11870 LAKE FERN DR. JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAIVA, LEANDRO 17980 NE 31ST CT., APT. 1110 AVENTURA, FL 33160	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Horacio Lacerda</u> V.P. 7-19-07 407/993-9969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					