

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 SEP -3 PM 3:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05/04/04 90127 039 #61.25



DOCUMENT # N08309 1. Entity Name LAKE EDGE ESTATES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4226 DEL PRADO BLVD CAPE CORAL, FL 33904 US		Mailing Address 4226 DEL PRADO BLVD CAPE CORAL, FL 33904 US			
2. Principal Place of Business		3. Mailing Address			
Site, Apt. #, etc.		Suite, Apt. #, etc.		07092004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-1964448	
Zip		Zip		Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ERA HERITAGE REALTY, INC. 4226 DEL PRADO BLVD CAPE CORAL, FL 33904				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULKINS, JOHN		NAME		
STREET ADDRESS	141 WINCHESTER DR		STREET ADDRESS		
CITY-ST-ZIP	EULESS, TX 76039		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JODOIN, GEORGE		NAME		
STREET ADDRESS	45 VENUS AVE		STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON, VT 05401		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAUSMAN, SUSANNA		NAME		
STREET ADDRESS	4120 FISHER AVE		STREET ADDRESS		
CITY-ST-ZIP	MIDDLETON, OH 45042		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Susanna Hausman</i>			Date: <i>9/27</i> Daytime Phone #: <i>Susanna Hausman</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		