

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

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N08311 1. Entity Name LAKE PICKETT ESTATES HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business P.O. BOX 623278 OVIEDO, FL 32762-3278	Mailing Address LAKE PICKETT ESTATE HOA P.O. BOX 623278 OVIEDO, FL 32762-3278	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, KATHIE 2476 MILLS CREEK ROAD CHULUOTA, FL 32766		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGENBACH, RUSSELL 2269 MILLS CREEK RD CHULUOTA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SMITH, KATHIE 2476 MILLS CREEK ROAD CHULUOTA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DIETRICH, LISA 2276 MILLS CREEK ROAD CHULUOTA, FL 32766	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAUHOFFER, DON 2801 MILLS CREEK ROAD CHULUOTA, FL 32766	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		6-19-07 407-221-9193 Date Daytime Phone #



06192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3440135	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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07/06/07-80002-016 61.25

**DO NOT WRITE
IN THIS SPACE**