

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**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**



03102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3440135**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**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 title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 2601 MILLS CREEK ROAD CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/02/08-80093-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Lisa M. Dietrich* **LISA M. Dietrich**

Date

Daytime Phone #

**3-10-08 407-221-9193**