

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90021 038 ****61.25

DOCUMENT # N13269

1. Entity Name
**LAKE WHISTLER ESTATES HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**2011 SHORELAND DR.
AUBURNDAL, FL 33823 US**

Mailing Address
**2011 SHORELAND DR.
AUBURNDAL, FL 33823 US**

50003754



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2613652

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SYVERTSEN, JAN
2011 SHORELAND DR.
AUBURNDAL, FL 33823**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete
NAME SINCLAIR, DAVID
STREET ADDRESS 2000 SHORELAND DR.
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SYVERTSEN, JAN
STREET ADDRESS 2011 SHORELAND DR.
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME SHERIDAN, BETH
STREET ADDRESS 915 CRESTVIEW DR
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE SD ☒ Change
NAME DOWNARD DAVID
STREET ADDRESS 2012 BRENTWOOD DR
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

3/15/06

863 967 5828