

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90405 041 \*\*\*\*61.25

**DOCUMENT # N13314**

1. Entity Name  
**LAKE PICKETT WOODS ASSOCIATION, INC.**



Principal Place of Business  
**C/O GREYSTONE MANAGEMENT  
1950 LEE ROAD STE 212  
WINTER PARK, FL 32789 US**

Mailing Address  
**C/O GREYSTONE MANAGEMENT  
1950 LEE ROAD STE 212  
WINTER PARK, FL 32789 US**

40000



2. Principal Place of Business - No P.O. Box#

**Greystone Mgmt Co.**

Suite, Apt. #, etc.  
**1936 Lee Rd. Ste 250**

City & State  
**Winter Park, FL**

Zip  
**32789**

Country  
**USA**

3. Mailing Address

**Greystone Mgmt Co.**

Suite/Apt. #, etc.  
**1936 Lee Rd. Ste 250**

City & State  
**Winter Park, FL**

Zip  
**32789**

Country  
**USA**

02082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2706334**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GREYSTONE MANAGEMENT CO INC  
1950 LEE ROAD  
SUITE 212  
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent--

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 *James C. Cunningham*

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

(NOTE: Registered Agent signature required when reinstating)

*4/25/07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHAN, KING<br>2775 LAKE PICKETT PL<br>CHULUOTA, FL 32766               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>MCMURRAN, JOHN<br>2710 LAKE PICKETT PL<br>CHULUOTA, FL 32766          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>ROFFLER, REX<br>PO BOX 660054<br>CHULUOTA, FL 32766                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SZYMANSKI, WILLIAM<br>2609 SWEET CREEK CROSSING<br>CHULUOTA, FL 32766 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WOLFRAME, ROBERT<br>130 CROOKED OAK RD<br>CHULUOTA, FL 32766          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <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: *James C. Cunningham* Managing Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/07* *4076454945*

Date

Daytime Phone #