

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90023 007 ****61.25

DOCUMENT # N13967			
1. Entity Name LAKE-IN-THE-WOODS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4720 BECK LAKE TRAIL MELBOURNE FL 32901-8557		Mailing Address 4720 BECK LAKE TRAIL MELBOURNE FL 32901-8557	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2654914		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TYNER, DORIS 4561 BECK LAKE TRAIL MELBOURNE FL 32901		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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	V	☒ Delete		TITLE	PD	☐ Change	☒ Addition
NAME	PENDERCAST, DAVID			NAME	ROBERT MATTEF		
STREET ADDRESS	4640-3 LAKE WATERFORD WAY			STREET ADDRESS	4775 LAKE WATERFORD WAY		
CITY-ST-ZIP	MELBOURNE FL 32901			CITY-ST-ZIP	MELBOURNE, FL 32901		
TITLE	PD	☒ Delete		TITLE	V	☐ Change	☒ Addition
NAME	THOM BAILEY			NAME	JOHN REINHOLD		
STREET ADDRESS	4540-4 BECK LAKE TRAIL			STREET ADDRESS	4560-2 BECK LAKE TRAIL		
CITY-ST-ZIP	MELBOURNE FL 32901			CITY-ST-ZIP	MELBOURNE, FL 32901		
TITLE	D	☒ Delete		TITLE	S	☐ Change	☐ Addition
NAME	DOROTHY GOETZ			NAME	LAURA BARR		
STREET ADDRESS	4720-3 LAKE WATERFORD WAY			STREET ADDRESS	4715-3 LAKE WATERFORD WAY		
CITY-ST-ZIP	MELBOURNE FL			CITY-ST-ZIP	MELBOURNE, FL 32901		
TITLE	T	☐ Delete		TITLE	D	☐ Change	☒ Addition
NAME	TYNER, DORIS			NAME	EDITH SCHULENBERG		
STREET ADDRESS	4561-1 BECK LAKE TRAIL			STREET ADDRESS	4510 BECK LAKE TRAIL		
CITY-ST-ZIP	MELBOURNE FL 32901			CITY-ST-ZIP	MELBOURNE, FL 32901		
TITLE	S	☒ Delete		TITLE		☐ Change	☐ Addition
NAME	LARSON, KATHYN			NAME			
STREET ADDRESS	4630 BECK LAKE TRAIL			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32901			CITY-ST-ZIP			
TITLE	D	☒ Delete		TITLE		☐ Change	☐ Addition
NAME	DANIEL RUSSEL			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:

Doris Tyner DORIS TYNER

Feb 2-04

321-953-3664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #