


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90040 010 \*\*\*\*61.25

<b>DOCUMENT # N14837</b> 1. Entity Name <b>LAKE-IN-THE-WOODS PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5004 LAKE IN THE WOODS BLVD LAKELAND, FL 33813 US</b>			Mailing Address <b>5004 LAKE IN THE WOODS BLVD LAKELAND, FL 33813 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-2675253</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>MANCINI-DEBORAH</b> <b>5019 LAKE IN THE WOODS BLVD</b> <b>LAKELAND, FL 33813</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Hoelscher Debbie</b> Street Address (P.O. Box Number is Not Acceptable) <b>5025 Lake In the Woods Blvd</b> <b>LAKELAND</b> City <b>FL</b> Zip Code <b>33813</b>		
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 <u><i>Debbie Hoelscher</i></u> DATE <u>1-18-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRAHL, JOHN 5133 LAKE IN THE WOODS BLVD LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McGee, Mike 5022 Lake In the Woods
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGEE, KATHY 5022 LAKE IN THE WOODS BLVD LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phillips JANE 5132 Lake In the Woods
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOPP, JUDY 5149 LAKE-IN-THE-WOODS BLVD LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, BARBARA 5144 LAKE IN THE WOODS BLVD LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANCINI, DEBORAH 5019 LAKE IN THE WOOD BLVD LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hoelscher, Debbie 5025 Lake In the Woods
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: <u><i>Debbie Hoelscher</i></u> DATE <u>1-18-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50004232



01172005 Chg-NP CR2E037 (10/03)