## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N15581

FILED Jan 13, 2005 Secretary of State

Entity Name: LAKE EUSTIS VILLAGE PROPERTY OWNERS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 35315 ORANGE GROVE LN 12509 BLUE HERON WAY LEESBURG, FL 34788 LEESBURG, FL 34788 **Current Mailing Address: New Mailing Address:** P O BOX 392 GRAND ISLAND, FL 32735 US FEI Number: 59-2855954 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCORMICK, LYNN 12509 BLUE HERON WAY LEESBURG, FL 34788 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STEIN, NORMAN Name: Name: 35446 ORANGE GROVE LANE Address: Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete PIERCE, EARL Name: MACKENZIE, JACK Name: Address: 35239 ORANGE GROVE LANE Address: 12211 LAKEVIEW DRIVE City-St-Zip: LEESBURG, FL 34788 City-St-Zip: LEESBURG, FL 34788 Title: () Delete Title: SD (X) Change ( ) Addition JOHNSON, FAYNITA JOHNSON, FAYNITA Name: Name: 35229 ORANGE GROVE LANE 34304 ORANGE GROVE LANE Address: Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: LEESBURG, FL 34788 Title: ( ) Delete Title: () Change () Addition Name: MCCORMICK, LYNN Name: Address: 12509 BLUE HERON WAY Address: LEESBURG, FL 34788 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition VANCE, DAVID BRENNAN, ROBERT Name: Name: 35246 LAKE BRADLY DR. 12114 LAKEVIEW DR. Address: Address: LEESBURG, FL 34788 City-St-Zip: City-St-Zip: LEESBURG, FL 34788

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN MCCORMICK T 01/13/2005