

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90326 014 ****61.25

DOCUMENT # N17533 1. Entity Name LAKE NONA ESTATE COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 9801 LAKE NONA RD ORLANDO, FL 32837 US		Mailing Address 255 S ORANGE AVE STE 1700 ORLANDO, FL 32801-3483	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 9801 Lake Nona Road Suite, Apt. #, etc.	
City & State Zip Country		City & State Orlando, FL Zip Country 32827 Orange	
4. FEI Number 59-2935980		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801-4904		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	VD ANAND, CHRISTOPHER 9801 LAKE NONA RD ORLANDO, FL 32827 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VOSS, JEFFERSON R 9801 LAKE NONA ROAD ORLANDO, FL 32827 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Eric Allain 9801 Lake Nona Road Orlando, FL 32827 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARY, MICHAEL 9801 LAKE NONA ROAD ORLANDO, FL 32827 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Michael Clary</u>		Date <u>4/6/06</u> Daytime Phone #	

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