


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90186 010 ****61.25

DOCUMENT # N17533 1. Entity Name LAKE NONA ESTATE COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 9801 LAKE NONA RD ORLANDO, FL 32837 US	Mailing Address 9801 LAKE NONA RD ORLANDO, FL 32837 US
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2935980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
 420 SOUTH ORANGE AVENUE, STE 1200
 ORLANDO, FL 32801-4904

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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 reappointing) 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANAND, CHRISTOPHER 9801 LAKE NONA RD ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALLAIN, ERIC 9801 LAKE NONA ROAD ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARY, MICHAEL 9801 LAKE NONA ROAD ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: ERIC ALLAIN **ERIC ALLAIN** 6 APR 07 4078593402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #