

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N25480

1. Entity Name
**ASSOCIATION OF OWNERS OF LAKE HILL CENTER
CONDOMINIUM, INC.**



Principal Place of Business
**75 FOX RIDGE CT # C
DEBARY, FL 32713**

Mailing Address
**161 E. ROSE AVE
ORANGE CITY, FL 32763**

DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3573219

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRIM, JOHN H
161 E. ROSE AVE
ORANGE CITY, FL 32763**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**PD
SUAREZ, MARIA A
1508 SHADWELL CT
HEATHROW, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SHANMUGHAM, SAMPATHKUMAR
75 FOX RIDGE CT #C
DEBARY, FL 32713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WATSON, CINDY
75 FOX RIDGE CT # C
DEBARY, FL 32713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000389925
01/23/06-80004-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA A. SUAREZ 1-606 (407) 221-4377

Date

Daytime Phone #