
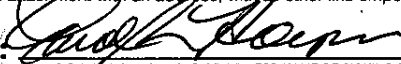


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90004 045 ****61.25

DOCUMENT # N26050 1. Entity Name LAKE WAUNATTA COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4319 MANDY CT WINTER PARK, FL 32792			Mailing Address 4319 MANDY CT WINTER PARK, FL 32792		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOEPNER, CAROLA 4319 MANDY CT WINTER PARK, FL 32792			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLETTI, TERRI SUE		NAME		
STREET ADDRESS	7651 WAUNAQUA DR		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL 32792		CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREIDLER, DARLENE		NAME		
STREET ADDRESS	7526 WAUNAQUA DR		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL 32792		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOEPNER, CAROL ANN		NAME		
STREET ADDRESS	4319 MANDY CT.		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL 32792		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREIDLER, DWAYNE		NAME		
STREET ADDRESS	7526 WAUNAQUA DR		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL 32792		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SEC JERRY FULLER	
STREET ADDRESS			STREET ADDRESS	7520 WAUNAQUA DR	
CITY - ST - ZIP			CITY - ST - ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 or other like empowered.					
SIGNATURE: 			CAROL ANN HOEPNER		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 7/12/04 <small>Daytime Phone #</small> 407-657-9577		