
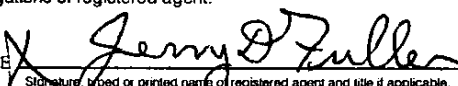


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90408 034 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2946168	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOEPNER, CAROL A 4319 MANDY CT WINTER PARK, FL 32792				7. Name and Address of New Registered Agent Name FULLER, JERRY Street Address (P.O. Box Number is Not Acceptable) 7510 WAUNAQUA DR 7502 City WINTER PARK FL FL Zip Code 32792	
I, 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					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	DT HOEPNER, CAROL ANN 4319 MANDY CT. WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) TROY GIEBERT 7510 WAUNAQUA DR WINTER PARK FL 32792
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KREIDLER, DWAYNE 7526 WAUNAQUA DR WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) RAY CLARK 7620 WAUNAQUA DR WINTER PARK FL 32792
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULLER, JERRY 7510 WAUNAQUA DR WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) JOFF STRIDE 7643 WAUNAQUA DR. WINTER PARK FL 32792
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE: 