


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90048 025 \*\*\*\*61.25

<b>DOCUMENT # N31589</b>	
1. Entity Name <b>LAKE DOROTHEA GROVE HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>8331 ANGELA CT. ZEPHYRHILLS FL 33541-7520 US</b>	Mailing Address <b>8331 ANGELA CT. ZEPHYRHILLS FL 33541-7520 US</b>
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2. Principal Place of Business <b>8339 ANGELA CT. Suite, Apt. #, etc. Zephyrhills City &amp; State FLORIDA</b>	3. Mailing Address <b>8339 ANGELA CT. Suite, Apt. #, etc. Zephyrhills City &amp; State FLORIDA</b>
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1st MOORE CR2E037 (10/04)

Zip <b>33541</b>	Country <b>US</b>	Zip <b>33541</b>	Country <b>US</b>
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4. FEI Number <b>59-2959820</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SMITH, DONALD J 8234 ANGELA CT. ZEPHYRHILLS FL 33541</b>
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7. Name and Address of New Registered Agent Name <b>CULLIN, WILLIAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>8348 ANGELA CT.</b> City <b>Zephyrhills</b> FL Zip Code <b>33541</b>
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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 *William Cullin*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3-25-05**

DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEWITT, DAM 8445 ANGELA CT. ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHEELER, WILLIAM 8351 JACQUELINE COURT ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REPOLE, MARGIE 8331 ANGELA COURT ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, JOAN 8355 JACQUELINE COURT ZEPHYRHILLS FL 33541 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PFISTER, DORIS 8402 ANGELA CT. ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Turcotte, Ethel 8408 JACQUELINE CT. ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORA, JOAN 8359 ANGELA CT. ZEPHYRHILLS, FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD Cullin, William 8348 ANGELA CT. Zephyrhills, FL 33541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joan Repole* **JOAN R MORA 3/26/05 779-0294** (813)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #