2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Aug 04, 2005 8:00 am Secretary of State **DOCUMENT # N31665** 08-04-2005 90005 014 ****61.25 LOST LAKES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 140 LOST LAKE DR STE 1 140 LOST LAKE DR STE 1 50059974 COCOA, FL 32926 US COCOA, FL 32926 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08022005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2950946 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCULLOH, NEAL ESQ. STTORNEYS AT LAW 1065 MAITLAND CENTER COMMONS BLVD. Street Address (P.O. Box Number is Not Acceptable) MAITLAND, FL 32751 City 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. ģ. * 1 SIGNATURE Styristure, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE 🔆 Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by September 7, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 IIILE ☐ Delete TITLE ☐ Change ☐ Addition CARON, DOROTHY NAME NAME STREET ADDRESS 305 MERIDIAN RUN DR. STREET ADDRESS COCOA, FL 32926 CITY-ST-ZIP CITY-ST-ZIP SD Delete TITLE TITLE Change CHARMAIN CARRIGAN 126 AGUARIUS TESSACE COCOA, Fl 32926 ☐ Addition SHELEY, PAT NAME NAME STREET ADDRESS 310 MERIDIAN RUN DR STREET ADDRESS CITY-\$1-ZIP COCOA, FL 32926 CITY-ST-ZIP TITLE ☐ Oelete IIILE ☐ Change ☐ Addition NAME LAWSON, LOUIS NAME STREET ADDRESS 121 WOODSMILL BLVD STREET ADDRESS COCOA, FL 32926 CITY-ST-ZIP CITY-ST-7IP TITLE VP ☐ Delete TITLE ☐ Change ☐ Addition BERNER, AL NAME NAME 125 LOST LAKES DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 CITY-ST-ZIP Delete TITLE IIII F Change ☐ Addition PATRICIA Sheley RUNDE PIOLI, JIM NAME NAME 309 MERIDAN RUN DR. STREET ADDRESS STREET ADORESS COCOA, FI 32926 CITY-ST-ZIP COCOA, FL 32926 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 attachrygent with an address, with all other like empowered.

Carry DoRothy L CARON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

321 504 9915