## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N31665

1. Entity Name LOST LAKES CONDOMINIUM ASSOCIATION, INC.

## FILED May 09, 2007 8:00 am Secretary of State

05-09-2007 90095 008 \*\*\*\*61.25

140 LOST LAKE DR STE 1			140 LOST LAKE DR STE 1		40108893			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			i iidid 3iiid biibi diii dibi; bish bish dibii			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007 C	hg-NP CR2E037	(12/06)		
City & State		City & State		4. FEI Number 59-295094	 16		lied For Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	8.75 Addit	tional	
<del></del>	Name and Address of Current	Registered Agent	<del></del>	7. Name and Add	dress of New Registered Ag			
	C. Hallo and Address of Carloin	Trograter ou Algeria	Name	T. Hamo direction				
MCCULLOH, NEAL ESQ. CLAYTON & MCCULLOH, ATTORNEYS AT L			W Street Address		s (P.O. Box Number is Not Acceptable)			
	TLAND CENTER COMMONS E D, FL 32751	BLVD.						
	,,, = 55.5.		City		FL	Zip Code		
	named entity submits this statement for	or the purpose of changing its re	gistered office or	registered agent, or both, ir	the State of Florida. I am fai	miliar with, a	ind accept	
the obligat	ions of registered agent.							
SIGNATURE	•							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	legistered Agent signatu	are required when reinstating)	DATE			
Filing Fee is \$61.25 Due by May 1, 2007								
		9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make check ( Florida Departn			
10.	Due by May 1, 2007 OFFICERS AND DI	Trust Fund Co		Added to Fees	Florida Departn	nent of Sta	10	
10. TITLE NAME	Due by May 1, 2007	Trust Fund Co	ntribution.	Added to Fees ADDITIONS/CHANC	Florida Departn	nent of Sta	ite	
TITLE	OFFICERS AND DIE PD BERNER, ALVIN C 125 LOST LAKES DR	Trust Fund Co	ntribution.  11.  TITLE	Added to Fees  ADDITIONS/CHANC  PD  Alvin C. Be 125 Lost La	Florida Departm SES TO OFFICERS AND DIRE  rner kes Ðrive	nent of Sta	10	
TITLE NAME STREET ADDRESS	OFFICERS AND DIE PD BERNER, ALVIN C	Trust Fund Co	TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANC  PD  Alvin C. Be	Florida Departments of the second of the sec	nent of Sta	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BERNER, ALVIN C 125 LOST LAKES DR COCOA, FL 32926 SD STROH, JOANN	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CHANC  PD  Alvin C. Be 125 Lost La Cocoa, FL32	Florida Departments of the property of the pro	nent of Sta	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007  OFFICERS AND DIE  PD  BERNER, ALVIN C  125 LOST LAKES DR  COCOA, FL 32926  SD  STROH, JOANN  122 AGUARIUS TERR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees  ADDITIONS/CHANC PD Alvin C. Be 125 Lost La Cocoa, FL32 SD JoAnn Stroh 122 Aquariu	Florida Departments of the season of the sea	nent of Sta	nte 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD BERNER, ALVIN C 125 LOST LAKES DR COCOA, FL 32926 SD STROH, JOANN	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANC PD Alvin C. Be 125 Lost La Cocoa, FL32 SD JoAnn Stroh 122 Aquariu Cocoa, FL 3	Florida Departments of the control o	nent of Sta	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD OFFICERS AND DIE PD BERNER, ALVIN C 125 LOST LAKES DR COCOA, FL 32926 SD STROH, JOANN 122 AGUARIUS TERR COCOA, FL 32926 D LAWSON, LOUIS	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CHANC PD Alvin C. Be 125 Lost La Cocoa, FL32 SD JoAnn Stroh 122 Aquariu Cocoa, FL 3 D Glenda C. T	Florida Departments of the second of the sec	nent of Sta	nte  10 Addition Addition	
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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: PATRICIA A. SHELEY LATITURA OF SHELEY 05/07/07 321-633-8360 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Proper #