

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N31665	
1. Entity Name LOST LAKES CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 140 LOST LAKE DR STE 1 COCOA, FL 32926 US	Mailing Address 140 LOST LAKE DR STE 1 COCOA, FL 32926 US
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40108893



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2950946		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCULLOH, NEAL ESQ. CLAYTON & MCCULLOH, ATTORNEYS AT LAW 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNER, ALVIN C 125 LOST LAKES DR COCOA, FL 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Alvin C. Berner 125 Lost Lakes Drive Cocoa, FL 32926 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STROH, JOANN 122 AGUARIUS TERR COCOA, FL 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JoAnn Stroh 122 Aquarius Terrace Cocoa, FL 32926 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, LOUIS 121 WOODSMILL BLVD COCOA, FL 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glenda C. Titler 128 Woodsmill Blvd. Cocoa, FL 32926 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TITLER, GLENDA C 128 WOODSMILL BLVD COCOA, FL 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Betty J. Wilson 118 Aquarius Terrace Cocoa, FL 32926 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHELEY, PATRICIA 310 MERIDIAN RUN DR COCOA, FL 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Patricia A. Sheley 310 Meridian Run Drive Cocoa, FL 32926 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 *Patricia A. Sheley* **05/09/07** **321-633-8360**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #