2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90061 033 ****61.25

DOCUMENT # N31665

1. Entity Name
LOST LAKES CONDOMINIUM ASSOCIATION, INC.

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

04152008 Chg-NP CR2E037 (12/06)

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

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	7. Name and Address of New Registered Agent
MCCULLOH, NEAL ESQ. CLAYTON & MCCULLOH, ATTORNEYS AT LAW 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD BERNER, ALVIN C 125 LOST LAKES DR COCOA, FL 32926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Wilson, Betty J 118 Aquarius Terr Cocoa FL 32926	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STROH, JOANN 122 AQUARIUS TERRACE COCOA, FL 32926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Stroh, Jo Ann 122 Aquarius Terr Cocoa, FL 32926	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TITLER, GLENDA C 1287 WOODSMILL BLVD COCOA, FL 32926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Titler, Glenda C 128 Woodsmill Blvd Cocoa FL 32926	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TITLER, GLENDA C 128 WOODSMILL BLVD COCOA, FL 32926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Berner, Alvin C 125 Lost Lakes Dr 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 Sheley, Patricia 310 Meridian Run Dr 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: Betty J. Wilson Betty J Wilson 4-17-08 321-632-6237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #