2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N38261

FILED May 02, 2006 8:00 am Secretary of State

1. Entity Nam LAKE IDL	EWILD E	ESTATES OWNER	RS ASSC	OCIATION, IN	ıc. (05	-02-200	6 901	71 028	***	°61.25	5
4132 BAIR AVE 4133				ng Address 12 BAIR AVE ITLAND PARK, FL 34731				- 				DÎN BIDÎN BÎN			11 71 8 7 1 88 1
2. Principal Place of Business 3. Ma			3. Maitir	ailing Address					<u>.</u>						
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				04272006	Cł	ng-NP		CR2E03	37 (11	/05)	
City & State			City	City & State			4. FEI Number 65-0199744					Applied For Not Applicable			
			Zip					5. Certificate					Fee R	5 Addi equired	
	6. Name	and Address of Curren	t Registered	l / gent	-	Nome		7. Name an	d Add	ress of N	ew Reg	istered A	\gent		
NEWMAN	, <u></u>	S A				Name Street Ac	ddress (F	O. Box Num:	ber is l	Not Acces	otable)				
4132 BAIR AVE FRUITLAND PARK, FL 34731															
		è			City	City					FL	Zi	p Code	3	
	named entity tions of regist	y submits this statement i ered agent.	for the purpo	se of changing its	registered	d office or	registere	ed agent, or b	oth, in	the State	of Florid	da. Iami	iamilia	r with, a	and accept
SIGNATURE		or printed name of registered ager	nt and tit a if anni	cable (NOTE	- Begistered	Agent sign 3.1	re required:	when reinstatii 📢				DATE			
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		o io \$54.25		9 Flection Can	nnaign Fin	ancina					Mal	ce chack	nava	able to	
	Filing Fe	e is \$61.25 lay 1, 2006		9. Election Can Trust Fund C	Contributio		<u> </u>	\$5.00 May Added to Fee	S	- 48	Florid	ke check a Depar	tment	of St	ate
10.	Filing Fe Due by M		DIRECTORS	Trust Fund C	20ntributio		<u> </u>		S	ES TO OF	Florid	a Depar	RECTO	ORS IN	ate 10
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12. Thereby certify that the information supplied with this filling 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 recurrete and that my signature shall have the same legal affect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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: Whe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR

William Neron

(352) 326-5453 Daytine Phone #