

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90008 010 ****61.25

DOCUMENT # N38487 1. Entity Name LAKE OLYMPIA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business - 2884 S. OSCEOLA AVE ORLANDO, FL 32806 US				Mailing Address - 2884 S. OSCEOLA AVE ORLANDO, FL 32806 US	
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		
6. Name and Address of Current Registered Agent DIAZ, VICKI WORLD OF HOMES 2884 S. OSCEOLA AVE. ORLANDO, FL 32806			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD ROBERTS, FRED <input type="checkbox"/> Delete STREET ADDRESS 1309 OLYMPIA PARK CIR CITY-ST-ZIP OCOEE, FL				
TITLE	D JACKSON, WAYN E <input type="checkbox"/> Delete STREET ADDRESS J1327 OLYMPIA PARK CIR CITY-ST-ZIP OCOEE, FL 34761				
TITLE	VD CONKLIN, JIM <input checked="" type="checkbox"/> Delete STREET ADDRESS 1340 OLYMPIA PARK CIR CITY-ST-ZIP OCOEE, FL 34761				
TITLE	STD BARBER, MARY <input type="checkbox"/> Delete STREET ADDRESS 1355 OLYMPIA PARK CIR CITY-ST-ZIP OCOEE, FL				
TITLE	D GODECK, BOB <input checked="" type="checkbox"/> Delete STREET ADDRESS 1316 OLYMPIA PARK CIR CITY-ST-ZIP OCOEE, FL 34761				
TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Scott Reeder STREET ADDRESS 1337 Olympia Park Circle CITY-ST-ZIP OCOEE, FL 34761				
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Bob Godek STREET ADDRESS 1316 Olympia Park Circle CITY-ST-ZIP OCOEE, FL 34761				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 3-23-07				Daytime Phone # _____	

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4. FEI Number 59-3110789 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required