

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90026 007 ****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

01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3110789

Applied For
Not Applicable

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

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 *Ferdinandson Enterprises*

Street Address (P.O. Box Number is Not Acceptable)

2884 S. Osceola Ave

City *Orlando*

FL

Zip Code *32806*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, FRED	
STREET ADDRESS	1309 OLYMPIA PARK CIR	
CITY-ST-ZIP	OCOCHEE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, WAYN E	
STREET ADDRESS	J1327 OLYMPIA PARD CIR	
CITY-ST-ZIP	OCOCHEE, FL 34761	
TITLE	V	<input type="checkbox"/> Delete
NAME	GODEK, BOB	
STREET ADDRESS	1316 OLYMPIA PARK CIR.	
CITY-ST-ZIP	OCOCHEE, FL 34761	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BARBER, MARY	
STREET ADDRESS	1355 OLYMPIA PARK CIR	
CITY-ST-ZIP	OCOCHEE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUEDER, SCOTT	
STREET ADDRESS	1337 OLYMPIA PARK CIR.	
CITY-ST-ZIP	OCOCHEE, FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, Fred	
STREET ADDRESS	1309 Olympia Park Circle	
CITY-ST-ZIP	OCOCHEE, 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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-08 *407/832-4735*

Date

Daytime Phone #