

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90074 035 ****61.25

DOCUMENT # N42369

1. Entity Name

LAKE CRESCENT HILLS HOMEOWNERS ASSOCIATION
OF LAKE COUNTY, INC.



Principal Place of Business

4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

Mailing Address

4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

40072240



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3164369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, MARY L
4004 EDGEWATER DRIVE
ORLANDO, FL 32804

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COLE, KAREN 10451 LK KATHERINE CIR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BALLANCE, BARBARA 11308 SUMMERWIND COURT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, VIRGIL 11250 LK KATHERINE CIR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GANLEY, ED 10827 CRESCENT LK CT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARENA, ERNEST 11305 LAKE KATHERINE CIRCLE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Ernest Arena
Ernest Arena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2007

Date

407
299-9009

Daytime Phone #