


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90029 012 \*\*\*\*61.25

<b>DOCUMENT # N45068</b> 1. Entity Name <b>LAKE SHEEN ESTATES HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>10454 BURRIS COURT ORLANDO, FL 32836</b>			Mailing Address <b>10454 BURRIS COURT ORLANDO, FL 32836</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-3086059</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent  <b>ASMA, WILLIAM N 886 SOUTH DILLARD STREET WINTER GARDEN, FL 34787</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D QURESHI, MUSTAFA</b> <input type="checkbox"/> Delete <b>10402 BURRIS COURT ORLANDO, FL 32836</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUKEN, THOMAS P</b> <input type="checkbox"/> Delete <b>10352 BURRIS COURT ORLANDO, FL 32836</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Onken, Thomas P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WINSLOW, WILLIAM</b> <input type="checkbox"/> Delete <b>10454 BURRIS COURT ORLANDO, FL 32836</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Suzanne Bonham</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>10353 Burris Court Orlando, FL 32836</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMPSON, JUDITH</b> <input checked="" type="checkbox"/> Delete <b>210 PINE CONE LANE LONGWOOD, FL 32779</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Lauderback, Lec</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>10403 Burris Court Orlando, FL 32836</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZEXATTI, JOHN</b> <input type="checkbox"/> Delete <b>653 MIDVALE COURT RIVERDALE, NJ 07675</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Zanotti, John</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OMIECINSKI, TOM</b> <input type="checkbox"/> Delete <b>14001 OSPREY LINKS ROAD ORLANDO, FL 32837</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Staudenmaier, Martin</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>10455 Burris Court Orlando, FL 32836</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: William J. Winslow</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>William J. Winslow</b> <small>Date</small>		
			<b>1/5/05</b> <small>Daytime Phone #</small>		
			<b>407-246-8214</b>		

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