2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N45678

Entity Name: LAKE SUE PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 140044
ORLANDO, FL 32814

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 140044
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 59-3086523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHUFFIELD, CHARLES W
SHUFFIELD LOWMAN
GATEWAY CENTER,1000 LEGION PLACE,S#1700
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SAVILLE, MARK	
Address:	1802 OAK LANE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VP	( ) Delete
Name:	SALMONS, DEAN	
Address:	1816 PALM LANE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	D	( ) Delete
Name:	DOUGLAS, SALLY	
Address:	1812 PALM LANE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	D	( ) Delete
Name:	DOUGLAS, ROBERT	
Address:	1812 PALM LANE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	D	( ) Delete
Name:	DAVIDSON, ELIZABETH	
Address:	1882 OAK LANE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	T	( ) Delete
Name:	SAVILLE, RENEE	
Address:	1802 OAK LANE	
City-St-Zip:	ORLANDO, FL 32803	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SAVILLE P 04/13/2005

Electronic Signature of Signing Officer or Director — Date