

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90028 024 ****61.25

DOCUMENT # N45678					
1. Entity Name LAKE SUE PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 140044 ORLANDO, FL 32814			Mailing Address POST OFFICE BOX 140044 ORLANDO, FL 32814		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3086523	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHUFFIELD, CHARLES W SHUFFIELD LOWMAN GATEWAY CENTER, 1000 LEGION PLACE, S#1700 ORLANDO, FL 32801			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 reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10		
TITLE P NAME SAVILLE, MARK STREET ADDRESS 1802 OAK LANE CITY-ST-ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete		TITLE P NAME BARBARA FLETCHER STREET ADDRESS 2045 PALM LANE CITY-ST-ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SALMONS, DEAN STREET ADDRESS 1816 PALM LANE CITY-ST-ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete		TITLE VP NAME DAVID HOLBROOK STREET ADDRESS 1871 OAK LANE CITY-ST-ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DOUGLAS, SALLY STREET ADDRESS 1812 PALM LANE CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE S NAME Jennifer Laird STREET ADDRESS 2050 PALM LANE CITY-ST-ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DOUGLAS, ROBERT STREET ADDRESS 1812 PALM LANE CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE T NAME DEBBIE CORNELL STREET ADDRESS 1883 OAK LANE CITY-ST-ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DAVIDSON, ELIZABETH STREET ADDRESS 1882 OAK LANE CITY-ST-ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete		TITLE D NAME ELENOR BELALIA STREET ADDRESS 2310 LAKESIDE DR CITY-ST-ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME SAVILLE, RENEE STREET ADDRESS 1802 OAK LANE CITY-ST-ZIP ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete		TITLE D NAME Paul Gregory STREET ADDRESS 2040 Palm Lane CITY-ST-ZIP Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Debbie Cornell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/8/06</u> Daytime Phone #: <u>407-846-9835</u>		

11. -

ATTACHMENT

40012303 ADDITION

~~#N45678~~

D

Title

NAME

Pat Andrew

STREET ADDRESS

1811 Palm Lane

City, St, zip

Orlando, FL 32803