2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90107 005 ****61.25

DOCUMENT # N50872

1. Entity Name
LAKE AJAY VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
820 PALM WAY ST KISSIMMEE, FL 34744 US	820 PALM WAY ST KISSIMMEE, FL 34744 US

01182006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
2884 S. Osceola Ave.	2884 S. Osceola Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32806 Country: USA	Zip: 32806 Country: USA

4. FEI Number: 59-3142730 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, VICKI
2884 S. OSCEOLA AVE.
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

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: Vicki Diaz 1-20-06
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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD QUICK, BOB 3160 WHISPER WIND DR SAINT CLOUD, FL 34771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer GARY FRIAR 3201 MISTY Morning Ct SAINT CLOUD FL 34771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REIF, CHARLES 3172 LAKE BREEZE CIR SAINT CLOUD, FL 34771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Katherine C. Ginkel 5306 Forest Breeze COURT SAINT CLOUD, FL 34771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PASHA, KAREN 3168 FOREST BREEZE WAY ST. CLOUD, FL 34771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Donna C. Hoffman 3168 Whisper Wind Dr St. Cloud, FL 34771	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Donna C. Hoffman 1/18/06 407-892-9358
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #