

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000062

FILED  
May 05, 2008  
Secretary of State

**Entity Name:** LAKE WASHINGTON OAKS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

RUSTIC WAY  
MELBOURNE, FL 32936 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 360458  
MELBOURNE, FL 32936 US

**New Mailing Address:**

**FEI Number:** 59-3151141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CALABRESE, GRAIG  
1674 RUSTIC WAY  
MELBOURNE, FL 32935 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: SD ( ) Delete  
Name: LE KARCZYK, ROBERT  
Address: 1666 RUSTIC WAY  
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete  
Name: CAISANGO, THOMAS  
Address: 1635 RUSTIC WAY  
City-St-Zip: MELBOURNE, FL 32935

Title: TD ( ) Delete  
Name: CALABRESE, GRAIG  
Address: 1650 RUSTIC WAY  
City-St-Zip: MELBOURNE, FL 32935

Title: VD ( ) Delete  
Name: TAYLOR, RONALD  
Address: 1695 RUSTIC WAY  
City-St-Zip: MELBOURNE, FL 32935

Title: PD ( ) Delete  
Name: DURRANCE, PAUL  
Address: 1694 RUSTIC WAY  
City-St-Zip: MELBOURNE, FL 32935

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: G A CALABRESE

TD

05/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date