2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 24, 2006 8:00 am **Secretary of State** DOCUMENT # N93000000381 1. Entity Name 03-24-2006 90024 013 ****61.25 AFFORDABLE HOUSING BY LAKE, INC. Principal Place of Business Mailing Address 100 NORTH BAY STREET 100 NORTH BAY STREET EUSTIS FL 32726 EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3175542 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOWRY, ARCHIE O JR Street Address (P.O. Box Number is Not Acceptable) 1300 W CITIZENS BLVD **STE 701** LEESBURG FL 34748 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be \Box Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State highly to the stable 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change ☐ Addition CADWELL, WELTON HOFF, Marcy NAME NAME 315 W. MAIN STREET STREET ADDRESS STREET ADDRESS 1805505 HWX441 TAVARES FL 32778 CITY-ST-ZIP MI Dora F132757 CITY-ST-ZIP D ☐ Delete 3 Addition TITLE TITLE ☐ Change Pisciotta, Kelly COSDEN, BARBARA NAME NAME 15375 US HWY 441 STREET ADDRESS STREET ADDRESS 100 N Bay Street CITY-ST-ZIP EUSTIS FL 32726 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PEEBLES, ELAINE NAME 295 E. STATE RD 50, STE50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY+ST-ZIP SD TITLE ☐ Delete TITLE Change ☐ Addition NAME BOLT, AMY NAME STREET ADDRESS 714 N. DONNELLY ST. STREET ADDRESS CITY-ST-ZIP MT. DORA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition JACKSON, MARTY NAME NAME 750 N CENTRAL AVENUE STREET ADDRESS STREET ADDRESS UMATILLA FL 32784 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the corporation or the receiver or trustee empowers if changed, or on an attachment with an address, with other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Mancy Hoff

MOUNT DORA FL 32757

TD

STREET ADDRESS 17521 US HWY 441

HOFF, NANCY

TITLE

NAME

Delete

352735-7001

Change

☐ Addition

FILED