
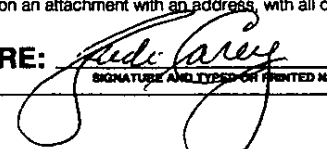


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90302 050 \*\*\*\*61.25

<b>DOCUMENT # N93000003898</b> 1. Entity Name <b>LOST CREEK HOMEOWNERS ASSOCIATION, INC.</b>							
Principal Place of Business <b>LCH A1 3090 HEARTLEAF PL WINTER PARK, FL 32792 US</b>			Mailing Address <b>200 N. DENNING DR. SUITE 2 WINTER PARK, FL 32789 US</b>				
2. Principal Place of Business <b>200 N. Denning Drive</b> Suite, Apt. #, etc. <b>Suite #2</b> City & State <b>Winter Park, FL</b> Zip <b>32789</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip <b>32789</b>		4. FEI Number <b>59-3236076</b> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04142005 Chg-NP CR2E037 (10/03)					
6. Name and Address of Current Registered Agent <b>CAREY, JUDI A 200 N. DENNING DRIVE SUITE 2 WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAVOIS, JOHN 1132 VALLEY CREEK RUN WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD Shaw, Robert 3106 Heartleaf Place Winter Park, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VPD ERKER, RAYMOND 1209 VALLEY CREEK RUN WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Erker, Raymond 1209 VALLEY Creek Run Winter Park, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD ICKES, CHARLES 2804 DIKE RD. WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Ickes, Charles 2804 Dike Rd Winter Park, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WESSEL, SANDRA C 1172 VALLEY CREEK RUN WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Sugaya, Kiminobu 3110 Heartleaf Place Winter Park, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILLIAMS, DONALD 3114 HEARTLEAF PLACE WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.							
<b>SIGNATURE:</b>  <b>Judi Carey, LCAM as Agent</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/14/05</b>		Daytime Phone #	