

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90187 013 ****61.25

DOCUMENT # N93000003898						
1. Entity Name LOST CREEK HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 200 N. DENNING DRIVE SUITE # 2 WINTER PARK, FL 32789 US			Mailing Address 200 N. DENNING DR. SUITE 2 WINTER PARK, FL 32789 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-3236076		
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			
CAREY, JUDI A 200 N. DENNING DRIVE SUITE 2 WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating)						
Signature, typed or printed name of registered agent and title if applicable.						
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 NAME STREET ADDRESS CITY-ST-ZIP	2VPD SHAW, ROBERT 3106 HEARTLEAF PLACE WINTER PARK, FL 32792		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shaw, Robert 3106 Heartleaf Place WinterPark, FL 32792	
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERKER, RAYMOND 1209 VALLEY CREEK RUN WINTER PARK, FL 32792		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wessel, Glenn 1172 Valley Creek Run Winter Park, FL 32792	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ICKES, CHARLES 2804 DIKE RD. WINTER PARK, FL 32792		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD Ickes, Charles 2804 Dike Road Winter Park, FL 32792	
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUGAYA, KIMINOBU 3110 HEARTLEAF PLACR WINTER PARK, FL 32792		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD Sugaya, Kiminobu 3110 Heartleaf Place Winter Park, FL 32792	
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, DONALD 3114 HEARTLEAF PLACE WINTER PARK, FL 32792		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Coleman, Daniel 1140 Valley Creek Run Winter Park, FL 32792	
				<input type="checkbox"/> Change <input checked="" 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 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>Judi Carey</u> Judi Carey, LCAM <u>4/27/06</u> <u>407-644-3242</u>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						