


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90400 024 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3236076	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CAREY, JUDI A 200 N. DENNING DRIVE SUITE 2 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAW, ROBERT <input type="checkbox"/> Delete 3108 HEARTLEAF PLACE WINTER PARK, FL 32792				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESSEL, GLENN <input type="checkbox"/> Delete 1172 VALLEY CREEK RUN WINTER PARK, FL 32792				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD ICKES, CHARLES <input type="checkbox"/> Delete 2804 DIKE RD. WINTER PARK, FL 32792				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD SUGAYA, KIMINOBU <input checked="" type="checkbox"/> Delete 3110 HEARTLEAF PLACR WINTER PARK, FL 32792				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLEMAN, DANIEL <input type="checkbox"/> Delete 1140 VALLEY CREEK RUN WINTER PARK, FL 32792				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Percle, Marianne <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3090 Heartleaf Place Winter Park, FL 32792				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3044 Heartleaf Place WINTER PARK, FL 32792				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kalb Fleisch, Kevin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3118 Heartleaf Place Winter Park, FL 32792				
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"/> Change <input type="checkbox"/> Addition				
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: <i>Judi Carey, LCAM - JUDI CAREY</i> 4/16/07 907-644-3242 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					