

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90151 040 *****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 # 1122 Ayrshire St Suite, Apt. #, etc.		3. Mailing Address 1122 Ayrshire St Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-3236076	
Zip 32803		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 CAREY, JUDI A. Street Address (P.O. Box Number is Not Acceptable) 1122 Ayrshire Street City Orlando FL Zip Code 32803		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P SHAW, ROBERT 3106 HEARTLEAF PLACE WINTER PARK, FL 32792	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESSEL, GLENN 1172 VALLEY CREEK RUN WINTER PARK, FL 32792	<input type="checkbox"/> Delete			
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	D PERCLE, MARIANNE 3090 HEARTLEAF PL 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"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, DAVID 3044 HEARTLEAF PL WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, TIMOTHY 1189 Valley Creek Run Winter Park, FL 32792	<input type="checkbox"/> Change <input checked="" 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, LCAM JUDI CAREY</u> <u>4/28/08</u> <u>407-898-1672</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					