


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000004812 1. Entity Name LAKE LITTLETON ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 560 AVE K SE WINTER HAVEN, FL 33880	Mailing Address 560 AVE K SE WINTER HAVEN, FL 33880
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3322446	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LUCAS, HOWARD 560 AVE K SE WINTER HAVEN, FL 33880
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**DO NOT WRITE  
IN THIS SPACE**

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 rechartering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUCAS, HOWARD 560 AVE K SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VOLPE, LOUISE 560 AVE K SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VOLPE, JOE 560 AVE K SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000002903  
01/13/04-80033-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Howard Lucas HOWARD LUCAS Date 1-7-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #