


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-12-2005 90001 012 \*\*\*\*61.25

<b>DOCUMENT # N95000002139</b>					
1. Entity Name <b>LAKE MANN ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>MOUNT OLIVE A.M.E. CHURCH ORLANDO FL 32805</b>			Mailing Address <b>3464 DOMI-FITZ CT. ORLANDO FL 32805</b>		
2. Principal Place of Business <b>Mount Olive AME Church</b>			3. Mailing Address <b>454 Domino Drive</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>59-3458082</b>	
Zip <b>32805</b>	Country <b>Orange</b>	Zip <b>32805</b>	Country <b>Orange</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SALTER, CHARLIE J 3464 DOMI-FITZ CT. ORLANDO FL 32805</b>				7. Name and Address of New Registered Agent Name <b>Ulysses Floyd</b> Street Address (P.O. Box Number is Not Acceptable) <b>454 Domino Drive</b> City <b>Orlando</b> FL Zip Code <b>32805</b>	
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 <u><i>Ulysses Floyd</i></u> <b>8/24/05</b> <small>Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. DP OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SALTER, CHARLIE J 3464 DOMI-FITZ CT. ORLANDO FL 32805 DVP</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Ulysses Floyd</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>454 Domino Dr. Orlando, FL 32805</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FLOYD, ULYSSES 454 DOMINO DR. ORLANDO FL 32805 DS</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Craig Jerelds</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>392 Domino Dr. Orlando, FL 32805</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BURGESS, GRACE M 220 DOMINO DR. ORLANDO FL 32805 DT</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Virginia Thomas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>112 Domino Dr. Orlando, FL 32805</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GOODMAN, ERNEST 3400 CHURCH ST. ORLANDO FL 32805 DT</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Emma Jones</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3359 Wolcott Pl Orlando, FL 32805</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MIDDLEBROOK, GRACE 232 LIONEL AVE. ORLANDO FL 32803 T</b> <input checked="" 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	<b>JENKINS, IRIS</b> <input checked="" type="checkbox"/> Delete <b>3209 WALLER PLACE ORLANDO FL 32805</b>	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 recipient 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><i>Ulysses Floyd</i></u>		<b>8/5/05 407 245 3254</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			



ATTACHMENT

66026587

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

August 15, 2005

LAKE MANN ESTATES HOMEOWNERS ASSOCIATION, INC.  
454 DOMINO DRIVE  
ORLANDO, FL 32805

Subject: LAKE MANN ESTATES HOMEOWNERS ASSOCIATION, INC.

Reference Number: N95000002139

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-  
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION