

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002139

FILED
Aug 17, 2007
Secretary of State

Entity Name: LAKE MANN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MOUNT OLIVE A.M.E. CHURCH
ORLANDO, FL 32805

New Principal Place of Business:

CARTER TABERNACLE C.M.E. CHURCH
ORLANDO, FL 32805

Current Mailing Address:

ULYSSESS FLOYD
454 DOMINO DRIVE
ORLANDO, FL 32805

New Mailing Address:

LAKE MANN ESTATES HOA INC.
P.O. BOX 555874
ORLANDO, FL 328555874

FEI Number: 59-3458082 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ULYSSES, FLOYD
454 DOMINO DRIVE
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

CRAIG, JERE LDS
392 DOMINO DRIVE
ORLANDO, FL 32805 US

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.

SIGNATURE: CRAIG JERE LDS

08/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ULYSSES, FLOYD
Address: 454 DOMINO DR
City-St-Zip: ORLANDO, FL 32805

Title: DVP () Delete
Name: CRAIG, JERE LD S
Address: 392 DOMINO DR
City-St-Zip: ORLANDO, FL 32805

Title: DS () Delete
Name: MCELROY, SYLVIA
Address: 3457 DOMI-FITZ CT
City-St-Zip: ORLANDO, FL 32805

Title: DT () Delete
Name: JONES, EMMA
Address: 3359 WOLCOTT PL
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRAIG, JERE LDS
Address: 392 DOMINO DR
City-St-Zip: ORLANDO, FL 32805

Title: DVP (X) Change () Addition
Name: NICK, SMITH S
Address: 3405 SOUTH ST
City-St-Zip: ORLANDO, FL 32805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG JERE LDS

P

08/17/2007

Electronic Signature of Signing Officer or Director

Date