

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008
Secretary of State

DOCUMENT# N95000002139

Entity Name: LAKE MANN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

LAKE MANN ESTATES HOA INC.
P.O. BOX 555874
ORLANDO, FL 32855874

New Mailing Address:

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:

CRAIG, JERELDS
392 DOMINO DRIVE
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAIG, JERELDS
Address: 392 DOMINO DR
City-St-Zip: ORLANDO, FL 32805

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

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

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 JERELDS

P

09/04/2008

Electronic Signature of Signing Officer or Director

_____ Date