

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002139

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**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 328555874

**New Mailing Address:**

LAKE MANN ESTATES HOA INC.  
3405 W. SOUTH ST  
ORLANDO, FL 32805

**FEI Number:** 59-3458082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, THEODORE  
3405 W. SOUTH ST  
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  
Name: SMITH, THEODORE  
Address: 3405 W. SOUTH ST  
City-St-Zip: ORLANDO, FL 32805

Title: DVP  
Name: FLOYD, ULYSSES  
Address: 454 DOMINO R  
City-St-Zip: ORLANDO, FL 32805

Title: DS  
Name: HAILEY, BETTY  
Address: 400 DOMINO DR  
City-St-Zip: ORLANDO, FL 32805

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

I hereby 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 all other like empowered.

SIGNATURE: THEODORE SMITH

PRES

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date