2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004
Secretary of State

DOCUMENT# N95000002366

Entity Name: LAKE ALTO ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

13516 NE CTY RD 1471
WALDO, FL 32694 US

New Principal Place of Business:

Current Mailing Address:

13516 NE CTY RD 1471
WALDO, FL 32694 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBERTSON, ARLETTA
17928 N E 136TH AVE
WALDO, FL 32694 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: ROBERTSON, ARLETTA
Address: 17928 N E 186TH AVE
City-St-Zip: WALDO, FL 32694

Title: BOD ( ) Delete
Name: GIBBS, BERNARD
Address: 17922 N E 143RD AVE
City-St-Zip: WALDO, FL 32694

Title: BOD ( ) Delete
Name: MURDOLA, MARGRET
Address: 14023 N E 180TH ST
City-St-Zip: WALDO, FL 32694

Title: BOD ( ) Delete
Name: PLUMMER, ARLENE
Address: N E 135TH AVE
City-St-Zip: WALDO, FL 32694

Title: BOD ( ) Delete
Name: SIMMONS, EDDIE
Address: 17427 N E 136TH AVE
City-St-Zip: WALDO, FL 32694

Title: T ( ) Delete
Name: GIBBS, NAOMI
Address: 17922 N E 143RD AVE
City-St-Zip: WALDO, FL 32694

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:

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 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 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: ARLETTA ROBERTSON P 05/20/2004
Electronic Signature of Signing Officer or Director — Date