

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002585

**FILED**  
**Apr 22, 2004**  
**Secretary of State****Entity Name:** LAKE CRESCENT PINES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2180 W SR 434  
STE 5000  
LONGWOOD, FL 327795044 US**New Principal Place of Business:****Current Mailing Address:**2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044**New Mailing Address:****FEI Number:** 59-3323126**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 W SR 434, STE 5000  
LONGWOOD, FL 327795044 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: VD ( ) Delete  
Name: GRANT, STEVE  
Address: 10614 LAKE RALPH PH DR  
City-St-Zip: CLERMONT, FL 34711

Title: STD ( ) Delete  
Name: NOTLEY, KATHRYN  
Address: 10633 LAKE RALPH DR  
City-St-Zip: CLERMONT, FL 34711

Title: PD ( ) Delete  
Name: HENDERSON, NORMAN C  
Address: 11545 CRESCENT PINES BLVD.  
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete  
Name: BLOOM, STEVE  
Address: 11617 LAKE CRESCENT BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete  
Name: GOLOVERSIK, JOE III  
Address: 11731 CRESCENT PINES BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete  
Name: PLETNICK, GLENN M  
Address: 10637 LAKE RALPH DRIVE  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GOLOVERSIK, JOE  
Address: 11731 CRESCENT PINES BLVD  
City-St-Zip: CLERMONT, FL 34711

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

Title: VPD (X) Change ( ) Addition  
Name: BRADWELL, FLORENCE  
Address: 11532 CRESCENT PINES BLVD  
City-St-Zip: CLERMONT, FL 34711

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: JOE GOLOVERSIK

PD

04/22/2004

Electronic Signature of Signing Officer or Director

Date