2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003622

Apr 22, 2004 Secretary of State

Entity Name: HILLS OF LAKE LOUISA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US **Current Mailing Address: New Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US FEI Number: 56-3335578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JR, JAMES W HART, JAMES W JR SENTRY MANAGEMENT, INC. SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779 US LONGWOOD, FL 32779 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: JAMES W HART JR 04/22/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STAUDER, PETER Name: Name: 11637 GRAND BAY BLVD. Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: VD () Delete Title: VPD (X) Change () Addition SELAH, GEORGE Name: SELAH, GEORGE Name: Address: 9224 WATER MEADOW COURT Address: 9224 WATER MEADOW COURT City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change () Addition CIOLINO, MARC Name: Name: 9202 SUMMER BREEZE CT. Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: STD () Delete Title: STD (X) Change () Addition Name: LARSON, MICHELLE Name: LARSON, MICHELLE 951 WHITE SAND COURT 9516 WHITE SAND COURT Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change () Addition ROVETTO, LINDA Name: Name: 9516 LOUISA WOODS COURT Address: Address: City-St-Zip: CLERMONT, FL 34711 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: PETER STAUDER PD 04/22/2004