

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 12, 2008 08:00 AM
Secretary of State**

DOCUMENT # N95000004426

**1. Entity Name
LAKE MANN HOMES RESIDENTS' ASSOCIATION, INC.**



**Principal Place of Business
728 GOLDWYN AVENUE
ORLANDO, FL 32805**

**Mailing Address
728 GOLDWYN AVENUE
ORLANDO, FL 32805**



04242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3341061**

**Applied For
Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, LYVONNE
728 GOLDWYN AVENUE
ORLANDO, FL 32805**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lyvonne Thompson
Signature, typed or printed name of registered agent and title if applicable

Lyvonne Thompson
(NOTE: Registered Agent Signature required when reinstating)

4/24/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

**000000951003
06/04/08-80013-027 61.25**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME THOMPSON, LYVONNE
STREET ADDRESS 730 GOLDWYN AVENUE
CITY-ST-ZIP ORLANDO, FL 32805**

**TITLE T
NAME CLAYTON, ANN
STREET ADDRESS 3311 ECCLESTON ST
CITY-ST-ZIP ORLANDO, FL 32805**

**TITLE S
NAME BURNETT, ELEASE
STREET ADDRESS 3334 ECCLESTON ST.
CITY-ST-ZIP ORLANDO, FL 32805**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lyvonne Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08
Date

Daytime Phone #