



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90112 025 ****61.25

DOCUMENT # N96000000111 1. Entity Name LAKE CAWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 13725 LAKE CAWOOD DR WINDERMERE, FL 34786			Mailing Address 13725 LAKE CAWOOD DR WINDERMERE, FL 34786		
2. Principal Place of Business 5401 S. Kirkman Suite, Apt. #, etc. Suite 450 City & State Orlando FL. Zip 32819 Country Orange		3. Mailing Address 5401 S. Kirkman Suite, Apt. #, etc. Suite 450 City & State Orlando, FL. Zip 32819 Country Orange			
4. FEI Number 59-3418333		01252006 Chg-NP CR2E037 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS INC 5401 KIRKMAN RD STE 450 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, MELVIN 3825 ARDEN VILLAS BLVD, APT 618 ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IRVING, SEAN 13629 LAKE CAWOOD DR WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHREIBER, VINCENT 13701 LAKE CAWOOD DR WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLISON, ROY 5113 LOG WAGON RD OCOOE, FL 34761	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD METTE, KEN 13527 LAKE CAWOOD DR WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB Rhett Williams 13733 Lake Cawood Dr. Windermere, FL 34786	<input type="checkbox"/> Delete			
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: _____ 3-2-06 3212783033					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					