2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90556 016 ****61.25

FILED

DOCUMENT # N97000000275 1. Entity Name LAKE CRESCENT PINES EAST HOMEOWNERS ASSOCIATION, INC.

S	940650:

			SOO WE TH						
Principal Place of Business P O BOX 121680 CLERMONT, FL 34712-1680 US		Mailing Address P 0 B0X 121680 CLERMONT, FL 34712-1680 US			94065035				
2. Principal Place of Business 1633 E. Vine Street		3. Mailing Address 1633 E. Vine Street			{				
Suite, Apt. #, etc. Szute 110		Suite, Apt. #, etc.		04192004 Chg-NF	04192004 Chg-NP CR2E037 (10/03)				
Kissimmee-Fl-		City & State Historimmee-FL		4. FEI Number 59-3426910					
3474×	Country 5.	34744	Country 5	5. Certificate of Status D		\$8.75 Addit Fee Required			
	6. Name and Address of Current F	Registered Agent		7. Name and Address of	of New Registered	Agent			
HOLMES, FREDERICK 10625 CRESCENDO LOOP CLERMONT, FL 34711-7896 Street Address (P.O., Box Number is Not Acceptable) 1633 E. Vine Office T City 1) City 1									
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 agistered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE									
· 	Filing Fee is \$61.25 Due by May 1, 2004	Trust Fund Cont	ribution.	\$5.00 May Be Added to Fees	Florida Depar	tment of Sta	ite		
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO	OFFICERS AND DI				
NAME STREET ADDRESS CITY-ST-ZIP	P HOLMES, FREDERICK P O BOX 121680 CLERMONT, FL 347121680	🔀 Delete		lbert, James 648 Crescendo lerment, FL		⊠ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEFLING, MARY P O BOX 121680 CLERMONT, FL 347121680	⊠ Delete	NAME STREET ADDRESS 11	over, Alan 1816 Caruso Dri	•	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON, KRISS P O BOX 121680 CLERMONT, FL 347121680	X Delete	NAME BY STREET ADDRESS		ive 4711	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH-HOLMES, LINDA P O BOX 121680 CLERMONT, FL 347121680	💢 Delete	NAME TE STREET ADDRESS 10	empesta, Robin 1848 Aria Cour 1ermont, FL 3	, †	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, KEVIN P O BOX 121680 CLERMONT, FL 347121680	⊘ Delete	NAME CASTREET ADDRESS	arlile, Daniel 1706 Crescendo ermont, FL	Loop	Change	Addition		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	Addition		
indicated	certify that the information supplied with on this report or supplemental report is reporation or the receiver or trustee emporation	s true and accurate and that my s	signature shall have	the same legal effect as if mad	de under oath; that I	am an officer	or director		