


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90081 044 ****61.25

DOCUMENT # N97000001053	
1. Entity Name LAKE HILL WOODS HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business C/O PREMIER COMMUNITY MANAGERS 1255 BELLE AVE #167 WINTER SPRINGS FL 32708	Mailing Address C/O PREMIER COMMUNITY MANAGERS 1255 BELLE AVE #167 WINTER SPRINGS FL 32708
------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
--------------------------------------------------------------	--------------------------------------------------

City & State	City & State	4. FEI Number 59-3460426	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

50018552

6. Name and Address of Current Registered Agent HOUSE, GARY C/O PREMIER COMMUNITY MANAGERS 1255 BELLE AVE #167 WINTER SPRINGS FL 32708	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 reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <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 PD	NAME NEDWICK, DAN	TITLE Secretary SD	NAME Connie Serebiuk
STREET ADDRESS 5056 SAILWIND CIR	CITY-ST-ZIP ORLANDO FL 32810	STREET ADDRESS 5050 Sailwind Cir	CITY-ST-ZIP Orlando, FL 32810
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD	NAME REED, PATRICK	TITLE James TD	NAME Joseph Gasgall
STREET ADDRESS 5139 SAILWIND CIR	CITY-ST-ZIP ORLANDO FL 32810	STREET ADDRESS 5247 Sailwind Cir	CITY-ST-ZIP Orlando, FL 32810
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD	NAME JABLONSKI, CHRISTINE	TITLE Peter D	NAME Peter Fernandes
STREET ADDRESS 5012 SAILWIND CIR	CITY-ST-ZIP ORLANDO FL 32810	STREET ADDRESS 5234 Sailwind Cir	CITY-ST-ZIP Orlando, FL 32810
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD	NAME GORDON, DARRELL	TITLE	NAME
STREET ADDRESS 5138 SAILWIND CIR	CITY-ST-ZIP ORLANDO FL 32810	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME KUDET, KAREN	TITLE	NAME
STREET ADDRESS 5252 SAILWIND CIR	CITY-ST-ZIP ORLANDO FL 32810	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **02/07/05** **407-578 4222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR