

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90017 002 \*\*\*\*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

40007306



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PREMIER COMMUNITY MANAGERS, INC

Suite, Apt. #, etc.

PREMIER COMMUNITY MANAGERS, INC

City & State 5151 Adanson Ave Suite 99  
Orlando, FL 32810

City & State Orlando, FL 32810

1st MOORE / CR2E037 (10/05)

4. FEI Number

59-3460426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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)

PREMIER COMMUNITY MANAGERS, INC

City 5151 Adanson Ave Suite 99  
Orlando, FL 32810

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

Signature of and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME NEDWICK, DAN ☐ Delete  
STREET ADDRESS 5056 SAILWIND CIR  
CITY-ST-ZIP ORLANDO FL 32810

TITLE VD  
NAME REED, PATRICK ☐ Delete  
STREET ADDRESS 5139 SAILWIND CIR  
CITY-ST-ZIP ORLANDO FL 32810

TITLE D  
NAME FERNANDEZ, PETER ☒ Delete OK  
STREET ADDRESS 5234 SAILWINDS CIR  
CITY-ST-ZIP ORLANDO FL 32810

TITLE SD ☒ Delete  
NAME SEREDINK, CONNIE  
STREET ADDRESS 5050 SAILWINDS CIR  
CITY-ST-ZIP ORLANDO FL 32810

TITLE TD ☒ Delete  
NAME BASGALL, JOSEPH  
STREET ADDRESS 5247 SAILWOOD CIR  
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary ☐ Change ☒ Addition  
NAME Maria E Perez  
STREET ADDRESS 5068 Sailwind Cir  
CITY-ST-ZIP Orlando, FL 32810

TITLE Treas ☐ Change ☒ Addition  
NAME Norida Hussein  
STREET ADDRESS 5120 Sailwind Cir  
CITY-ST-ZIP Orlando, FL 32810

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*

(1-19-06) 578-4222