

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90012 038 ****61.25

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



Principal Place of Business
**C/O PREMIER COMMUNITY MANAGERS
5151 ANDERSON AVE SUITE 99
ORLANDO, FL 32810**

Mailing Address
**C/O PREMIER COMMUNITY MANAGERS
5151 ANDERSON AVE SUITE 99
ORLANDO, FL 32810**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



01312007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3460426

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804**

**PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOUSE, GARY
C/O PREMIER COMMUNITY MANAGERS
5151 ANDERSON AVE SUITE 99
ORLANDO, FL 32810**

Name
Gary House
**PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 15, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tom Grezeslczak ☐ Change ☒ Addition
5217 Sailwind Cir
Orlando, FL 32810

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Walker D Willis III ☐ Change ☒ Addition
4915 Baywind Dr
Orlando, FL 32810

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PEREZ, MARIA E
5068 SAILWIND CIR
ORLANDO, FL 32810 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HUSSEIN, NORIDA
5120 SAILWIND CIR
ORLANDO, FL 32810 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

2/15/07 407-578-4222

Date Daytime Phone #