

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90187 010 ****61.25

DOCUMENT # N97000004746 1. Entity Name LAKE DOWN COVE ASSOCIATION, INC.																																																																																																																													
Principal Place of Business C/O WORLD OF HOMES 2884 S OSCEOLA AVE ORLANDO, FL 32806			Mailing Address C/O WORLD OF HOMES 2884 S OSCEOLA AVE ORLANDO, FL 32806																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country																																																																																																																										
6. Name and Address of Current Registered Agent DIAZ, VICKI 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2007		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																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIMMONS, THOMAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9509 HEMPEL COVE BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINDERMERE, FL 34786</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAHILL, GLENDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2540 HEMPEL COVE CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINDERMERE, FL 34786</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KLOSTERMAN, STEPHEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>820 PALMWAY ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34744</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Cater, Lynwood</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>VP.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2524 Hempel Cove Blvd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Windermere, FL 34786</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S.T.D.</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Carmado, Roseanne</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9541 Hempel Cove Blvd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Windermere, FL 34786</td> <td></td> </tr> <tr> <td>TITLE</td> <td>M.D.</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Klosterman, Stephen</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2884 S. Osceola Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Orlando, FL 32806</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	SIMMONS, THOMAS		STREET ADDRESS	9509 HEMPEL COVE BLVD		CITY-ST-ZIP	WINDERMERE, FL 34786		TITLE	VD	<input checked="" type="checkbox"/> Delete	NAME	RAHILL, GLENDA		STREET ADDRESS	2540 HEMPEL COVE CT		CITY-ST-ZIP	WINDERMERE, FL 34786		TITLE	STD	<input checked="" type="checkbox"/> Delete	NAME	KLOSTERMAN, STEPHEN		STREET ADDRESS	820 PALMWAY ST		CITY-ST-ZIP	KISSIMMEE, FL 34744		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	Cater, Lynwood	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	VP.D.		STREET ADDRESS	2524 Hempel Cove Blvd.		CITY-ST-ZIP	Windermere, FL 34786		TITLE	S.T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Carmado, Roseanne		STREET ADDRESS	9541 Hempel Cove Blvd.		CITY-ST-ZIP	Windermere, FL 34786		TITLE	M.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Klosterman, Stephen		STREET ADDRESS	2884 S. Osceola Ave		CITY-ST-ZIP	Orlando, FL 32806		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:

APR 13 Director

4/6/07

407-770-1748