


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90002 032 \*\*\*\*61.25

<b>DOCUMENT # N98000001463</b>	
1. Entity Name LAGO VISTA HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 17635 LAS BRISAS CT. WINTER GARDEN, FL 34787	Mailing Address 13322 LAGO VISTA DR. WINTER GARDEN, FL 34787
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**54021247**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3528503</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<del>ZIMMERMAN, VIRGINIA</del> <b>ROBYN ROBERTS</b> <del>17635 LAS BRISAS CT.</del> <b>13302 LAGO VISTA DRIVE</b> WINTER GARDEN, FL 34787	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D</b> <del>ZIMMERMAN, VIRGINIA</del> <b>JACK REYNOLDS</b> <del>17635 LAS BRISAS CT.</del> <b>17640 LAS BRISAS CT</b> WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> WESTON, GERALD 13322 LAGO VISTA DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RO P</b> ROBERTS, ROBYN 13302 VISTA DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> KNICKMAN, ED 13352 LAGO VISTA DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D S</b> MC GINNIS, GERI 13331 LAGO VISTA DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.

<b>SIGNATURE:</b> <i>Robyn Roberts</i>	<b>3/17/04</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>