

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003681

FILED  
Mar 03, 2005  
Secretary of State

**Entity Name:** LAKE FLORENCE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 59-3520964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JR, JAMES W  
SENTRY MGMT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RICKETTS, MONICA  
Address: 8836 SCENIC VISTA CT  
City-St-Zip: ORLANDO, FL 32818

Title: VPD ( ) Delete  
Name: ROEDER, CARRIE  
Address: 1843 FLORENCE VISTA BLVD  
City-St-Zip: ORLANDO, FL 32818

Title: SD ( ) Delete  
Name: KATZ, ADRIENNE  
Address: 1938 FLORENCE VIST BLVD  
City-St-Zip: ORLANDO, FL 32818

Title: TD ( ) Delete  
Name: JONES, BRIAN  
Address: 1712 FLORENCE VISTA BLVD  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: DAVIS, DARIUS  
Address: 1861 FLORENCE VIST BLVD  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: CASTEL, PHILIPPE  
Address: 1784 FLORENCE VISTA BLVD  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: DAVIS, DARIUS  
Address: 1861 FLORENCE VISTA BLVD  
City-St-Zip: ORLANDO, FL 32818

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PENA, ALBERTO  
Address: 8813 SCENIC VISTA CT  
City-St-Zip: ORLANDO, FL 32810

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA RICKETTS

PD

03/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date