

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003681

FILED
Apr 16, 2007
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: ANDRADE, JOE
Address: 1748 FLORENCE VISTA BLVD
City-St-Zip: ORLANDO, FL 32818

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

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

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

Title: D () Delete
Name: ORTIZ, FRANK
Address: 8819 SCENIC VISTA CT
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: URENA, ROBIN
Address: 1796 FLORENCE VISTA BLVD
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Change () Addition
Name: PYRON, KATHY
Address: 1927 FLORENCE VISTA BLVD
City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/16/2007

Electronic Signature of Signing Officer or Director

Date