

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90016 006 ****61.25

DOCUMENT # N98000003681

1. Entity Name
LAKE FLORENCE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

Mailing Address
2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

40054771



03122008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3520964

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RICKETTS, MONICA	
STREET ADDRESS	8836 SCENIC VISTA CT	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANDRADE, JOE	
STREET ADDRESS	1748 FLORENCE VISTA BLVD	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KATZ, ADRIENNE	
STREET ADDRESS	1938 FLORENCE VISTA BLVD	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASTEL, PHILIPPE	
STREET ADDRESS	1784 FLORENCE VISTA BLVD	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	URENA, ROBIN	
STREET ADDRESS	1796 FLORENCE VISTA BLVD	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	PYRON, KATHY	
STREET ADDRESS	1927 FLORENCE VISTA BLVD	
CITY-ST-ZIP	ORLANDO, FL 32818	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIVINGS, CLINT	
STREET ADDRESS	1778 FLORENCE VISTA BLVD	
CITY-ST-ZIP	ORLANDO, FL 32818	
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		
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		

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: Monica Ricketts **MONICA RICKETTS** 3/26/08 407-234-1418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #