

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90002 030 ****61.25

DOCUMENT # N99000000549 1. Entity Name FRIENDS OF LAKE HOWELL, INC.					
Principal Place of Business 1244 LAKE HOWELL TRAIL WINTER PARK, FL 32792			Mailing Address 1244 LAKE HOWELL TRAIL WINTER PARK, FL 32792		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3557446	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LUNG, JOSEPH 1244 LAKE HOWELL TRAIL WINTER PARK, FL 32792					
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 September 8, 2004			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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME LUNG, JOSEPH STREET ADDRESS 1244 LAKE HOWELL TRAIL CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE Joanne Boleman STREET / 1183D Paseo del Mar CITY-ST- Casselberry, FL 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director	
TITLE D NAME TRAVIS, JIM STREET ADDRESS 348 GEORGETOWN DRIVE CITY-ST-ZIP CASSELBERRY, FL 32707	<input type="checkbox"/> Delete		TITLE Barbara Clegg STREET / 1170 Carmel Circle CITY-ST- Casselberry, FL 32707	<input checked="" type="checkbox"/> Addition Director	
TITLE D NAME WEIRAUCH, CHARLES STREET ADDRESS 626 DESOTO DR CITY-ST-ZIP CASSELBERRY, FL 32707	<input type="checkbox"/> Delete		TITLE Jim Coley NAME 1054 Howell Harbor Dr. STREET A Casselberry, FL 32707 CITY-ST- 	<input checked="" type="checkbox"/> Addition Director	
TITLE D NAME MCBRAYER, JIM STREET ADDRESS 1116 BOCANA DR CITY-ST-ZIP CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete		TITLE Glenn Newhart NAME 1116 Bocana Dr. STREET A Casselberry, FL 32707 CITY-ST- 	<input checked="" type="checkbox"/> Addition Director	
TITLE D NAME RHODES, SPENCER STREET ADDRESS 1222 JANE LANE 2726 Lake Howell Lane CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE D NAME BOCK, DAVID STREET ADDRESS 2982 WILLOW BAY TERRACE CITY-ST-ZIP CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	
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 of the corporation 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: <i>Joseph Lung</i> JOSEPH LUNG 5/7/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

407-678-5941