2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90088 002 ****61.25

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1. Entity Name
FRIENDS OF LAKE HOWELL, INC.

Principal Place of Business	Mailing Address
1244 LAKE HOWELL TRAIL WINTER PARK, FL 32792	1244 LAKE HOWELL TRAIL WINTER PARK, FL 32792

03192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3557446 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUNG, JOSEPH 1244 LAKE HOWELL TRAIL WINTER PARK, FL 32792	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUNG, JOSEPH 1244 LAKE HOWELL TRAIL WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Egerton van den Berg 1245 Howell Point Winter Park, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRAVIS, JIM 348 GEORGETOWN DRIVE CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ken Terrell 682 San Pablo Blvd. Casselberry, FL 32707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEIRAUCH, CHARLES 626 DESOTO DR CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jim Lenihan 2990 Willow Bay Terrace Casselberry, FL 32707	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSSER, ROBERT 2780 LAKE HOWELL LANE WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWARD, STEVE 658 SAN PABLO AVENUE CASSELBERRY, FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Joseph Lung JOSEPH LUNG 3/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

407-678-5941