


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002473		
1. Entity Name THE OAKS AT LAKE DORR OWNERS' ASSOCIATION, INC.		
Principal Place of Business 200 S. ORANGE AVE., STE. 2300 ORLANDO, FL 32801	Mailing Address 200 S. ORANGE AVE., STE. 2300 ORLANDO, FL 32801	
DO NOT WRITE IN THIS SPACE		



07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3727613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent SHARP, JOEL H JR. 200 S. ORANGE AVE., STE. 2300 ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (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	000000166735 07/16/04-80008-025 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, JOEL H JR. 200 S. ORANGE AVE., STE. 2300 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIELHELM, ROBERT W JR. 200 S. ORANGE AVE., STE. 2300 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, THOMAS B P.O. BOX 825 ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **7/7/2004** **407-649-4019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #