

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004555

FILED
Mar 21, 2005
Secretary of State

Entity Name: LOST LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434, STE. 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434, STE. 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3591966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 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: AUSTIN, BRIAN
Address: 870 MOONLIT LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: VPD () Delete
Name: BECKER, DEBORAH
Address: 971 MOONLUSTER DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: SD () Delete
Name: KARVONEN, DENNIS
Address: 112 NORRIS PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: SMITH, CAROLINE
Address: 935 MOONLUSTER DR
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: FERGUSON, STEVE
Address: 838 MOONLIT LN
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: FERGUSON, STEPHEN
Address: 838 MOONLIT LN
City-St-Zip: CASSELBERRY, FL 32707

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

Title: D (X) Change () Addition
Name: MOORE, ALAN B
Address: 180 NORRIS PL
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN AUSTIN

PD

03/21/2005

Electronic Signature of Signing Officer or Director

Date