2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# N99000004555

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: VPD (X) Delete
Name: GEARY, KATHY
Address: 148 NORRIS PL
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: MOFFIT, RICHARD
Address: 958 MOONLUSTER DRIVE
City-St-Zip: CASSELBERRY, FL 32707

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

Title: D (X) Delete
Name: BENDER, MIKE
Address: 907 MOONLUSTER DR
City-St-Zip: CASSELBERRY, FL 32707

Title: STD ( ) Delete
Name: MOORE, ALAN B
Address: 180 NORRIS PL
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: MOFFIT, RICHARD
Address: 958 MOONLUSTER DRIVE
City-St-Zip: CASSELBERRY, FL 32707

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

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

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

Title: D ( ) Change (X) Addition
Name: RAPISARDA, TOM
Address: 846 MOONLIT LN
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEPHEN FERGUSON PD 04/11/2008

Electronic Signature of Signing Officer or Director — Date