

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004555

FILED  
Mar 10, 2010  
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: D  
Name: TRUSTY, NOEL  
Address: 958 MOONLUSTER DR  
City-St-Zip: CASSELBERRY, FL 32707

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

Title: SD  
Name: BECKER, DEBBIE  
Address: 971 MOONLUSTER DR  
City-St-Zip: CASSELBERRY, FL 32707

Title: VPD  
Name: RAPISARDA, TOM  
Address: 846 MOONLIT LN  
City-St-Zip: CASSELBERRY, FL 32707

Title: TD  
Name: ROBISON, ROBYN  
Address: 870 MOONLUSTER DR  
City-St-Zip: CASSELBERRY, FL 32707

I hereby 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 all other like empowered.

**SIGNATURE:** STEVE FERGUSON

PD

03/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date