

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# N99000006200

Entity Name: LAKE PARK ESTATES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

8013 LAKE PARK ESTATES BLVD.  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

8013 LAKE PARK ESTATES BLVD.  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 59-3613368      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COOKE, MILDRED S  
8013 LAKE PARK ESTATES BLVD.  
ORLANDO, FL 32818      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: SINGH, TERRENCE  
Address: 8331 LAKE PARK ESTATES BLVD  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: SEIN, GLORIA  
Address: 8336 LAKE PARK ESTATES BLVD  
City-St-Zip: ORLANDO, FL 32818

Title: TSD ( ) Delete  
Name: COOKE, MILDRED S  
Address: 8013 LAKE PARK ESTATES BLVD  
City-St-Zip: ORLANDO, FL 32818

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROBINSON, PHYLISTINE  
Address: 8228 LAKE PARK ESTATES BLVD  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Change (X) Addition  
Name: MCINNIS, MELVA J  
Address: 8130 LAKE PARK ESTATES BLVD  
City-St-Zip: ORLANDO, FL 32818

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: MILDRED S COOKE

TSD

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date