2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 734346

Entity Name: LAKE MARY COMMUNITY IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

260 N. COUNTRY CLUB RD
LAKE MARY, FL 327950622 US

New Principal Place of Business:

500 ROLAND GARROS LANE
LAKE MARY, FL 32746 US

Current Mailing Address:

PO BOX 950622
LAKE MARY, FL 327950622 US

New Mailing Address:

PO BOX 958445
LAKE MARY, FL 327958445 US

FEI Number: 59-1639544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNAWAY, ALMA
154 NORTH LAKE ST
LAKE MARY, FL 32746 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: GRACEY, DOLORES A
Address: 457 GEHR LANE
City-St-Zip: LAKE MARY, FL 32746 US

Title: TD ( ) Delete
Name: DUNAWAY, ALMA
Address: 154 NORTH LAKE ST
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete
Name: ROTERSKY, GAYLE
Address: 131 MAYFOUR CT.
City-St-Zip: LAKE MARY, FL 32746

Title: VPD ( ) Delete
Name: GRIFFIN, LILLIAN
Address: PO BOX 950508
City-St-Zip: LAKE MARY, FL 32795

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: BOJERSKY, GAYLE
Address: 131 MAYFAIR CT.
City-St-Zip: LAKE MARY, FL 32746

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

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: DOLORES A. GRACEY PRES 04/16/2009
Electronic Signature of Signing Officer or Director — Date