2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 734735

Entity Name: LAKE DOWN SHORES REPLAT ARCHITECTURAL CONTROL COMMITTE & HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9600 AMBLESIDE
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

9600 AMBLESIDE
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-2586963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARQUI, MARY
9600 AMBLESIDE DR
WINDERMERE, FL 34786 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: VP ( ) Delete
Name: HOFF, DAVID
Address: 2624 MIDSUMMER DR
City-St-Zip: WINDERMERE, FL 00000,

Title: SD ( ) Delete
Name: FOSTER, JAMES
Address: 2824 MIDSUMMER DR.
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: MC CLELLAN, JOSEPH
Address: 9703 MAYWOOD DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: T ( ) Delete
Name: MARQUI, MARY
Address: 9600 AMBLESIDE DR
City-St-Zip: WINDERMERE, FL 00000,

Title: P ( ) Delete
Name: WOOD, DON
Address: 2803 MIDSUMMER DR
City-St-Zip: WINDERMERE, FL 00000,

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

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: MARY F. MARQUI TREA 04/22/2009

Electronic Signature of Signing Officer or Director — Date