2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 734976

Entity Name: LAKE HOWARD TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

208 E LAKE HOWARD DRIVE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

208 E LAKE HOWARD DRIVE
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-1881821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREWER, NORMAN C
208 E. LAKE HOWARD DR, #202
WINTER HAVEN, FL 33881 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 ( ) Delete
Name: CRIBBS, BARBARA
Address: 208 E LAKE HOWARD DR #203
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: SHIELDS, DANIEL
Address: 8075 HWY 58
City-St-Zip: UPPER SANDUSKE, OH 43351

Title: D ( ) Delete
Name: EDWARDS, SHARON J
Address: 208 E. LAKE HOWARD DR, #503
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: BRAUN, HELEN
Address: 1663 LANGLEY DRIVE
City-St-Zip: HAGERSTOWN, MD 21740

Title: D ( ) Delete
Name: BRAUN, CARROLL
Address: 1663 LANGLEY DR
City-St-Zip: HAGERSTOWN, MD 21740

Title: D ( ) Delete
Name: WOODARD, BENNIE
Address: 208 E LAKE HOWARD DR #401
City-St-Zip: WINTER HAVEN, FL 33881

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:

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: CARROLL E. BRAUN PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date