

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007624

FILED
Apr 17, 2009
Secretary of State

Entity Name: LAKE CAMILLE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2211 EAST 5TH STREET
UNIT #25
LEHIGH ACRES, FL 33972

New Principal Place of Business:

2211 EAST 5TH STREET
UNIT #25
LEHIGH ACRES, FL 33936

Current Mailing Address:

2211 EAST 5TH STREET
UNIT #25
LEHIGH ACRES, FL 33972

New Mailing Address:

2211 EAST 5TH STREET
UNIT #25
LEHIGH ACRES, FL 33936

FEI Number: 16-1666674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPKINS, TERESA
2211 EAST 5TH STREET
UNIT #24
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

HOPKINS, TERESA
2211 EAST 5TH STREET
UNIT #24
LEHIGH ACRES, FL 33936 US

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: TERESA HOPKINS

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: HOPKINS, TERESA
Address: 2211 EAST 5TH STREET #24
City-St-Zip: LEHIGH ACRES, FL 33972

Title: STD () Delete
Name: HUDGINS, CHAD
Address: 2211 E 5TH ST #25
City-St-Zip: LEHIGH ACRES, FL 33972

Title: PD () Delete
Name: JORDAN, KEVIN
Address: 7466 COUNTY ROAD 205
City-St-Zip: FOREST, OH 45843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: HOPKINS, TERESA
Address: 2211 EAST 5TH STREET #24
City-St-Zip: LEHIGH ACRES, FL 33936

Title: STD (X) Change () Addition
Name: HUDGINS, CHAD
Address: 2211 E 5TH ST #25
City-St-Zip: LEHIGH ACRES, FL 33936

Title: PD (X) Change () Addition
Name: JORDAN, KEVIN
Address: 309 EAST OHIO ST.
City-St-Zip: KENTON, OH 43326

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: KEVIN JORDAN

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date