

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 28, 2009
Secretary of State**

DOCUMENT# N03000003284

Entity Name: LINDGREN LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13020 SW 116 STREET
MIAMI, FL 331864609

New Principal Place of Business:

Current Mailing Address:

13020 SW 116 STREET
MIAMI, FL 331864609

New Mailing Address:

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

Name and Address of Current Registered Agent:

BRAIN, JENNY V
13020 SW 116 STREET
MIAMI, FL 331864609 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: STD () Delete
Name: BRAIN, JENNY
Address: 13020 SW 116 STREET
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: GEIS, JOHN
Address: 12764 SW 112 TERR
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: HOWARD, ROBERT
Address: 12981 SW 117 STREET
City-St-Zip: MIAMI, FL 33186

Title: VD () Delete
Name: KALDOR, MICHAEL
Address: 12930 SW 116 STREET
City-St-Zip: MIAMI, FL 33186

Title: PD () Delete
Name: SOSA, RANDY
Address: 11404 SW 127 COURT
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: MEDINA, DYNIS
Address: 11640 SW 128 COURT
City-St-Zip: MIAMI, FL 33186

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: JENNY V.BRAIN

STD

01/28/2009

Electronic Signature of Signing Officer or Director

Date