

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007412

FILED
Mar 27, 2009
Secretary of State

Entity Name: SAMARA LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 322249667

New Principal Place of Business:

4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

Current Mailing Address:

C/O MAY MGMT SVC., INC.
5455 HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

C/O BCM SERVICES, INC
920 S. 3RD STREET, SUITE B
NEPTUNE BEACH, FL 32266

FEI Number: 20-0198362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SVC., INC.
5455 US HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

BCM SERVICES, INC
920 S. 3RD STREET
SUITE B
NEPTUNE BEACH, FL 32266 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: L. DENISE WALLACE

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HARDIN, JENNIFER L
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: VT () Delete
Name: LEWIS, KERI
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 322249667

Title: S () Delete
Name: PEARL MUTTER, CARRIE
Address: 4315 PABLO OAKS COURT, SUITE 1
City-St-Zip: JACKSONVILLE, FL 322249667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VT (X) Change () Addition
Name: LEWIS, KERI
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: S (X) Change () Addition
Name: CHAKY, CHRIS
Address: 10475 FORTUNE PARKWAY #1
City-St-Zip: JACKSONVILLE, FL 32256

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: KERI LEWIS

VT

03/27/2009

Electronic Signature of Signing Officer or Director

Date