

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 06, 2009
Secretary of State

DOCUMENT# N03909

Entity Name: LIONSGATE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1099 LIONSGATE LANE
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

1099 LIONSGATE LANE
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 59-2543075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORBIN, CLARENCE
1071 LIONSGATE LN
GULF BREEZE, FL 32563 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: PD () Delete
Name: CORBIN, CLARENCE
Address: 1071 LIONSGATE LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: VD () Delete
Name: MARINO, MARIE
Address: 3129 LINDEN AVENUE
City-St-Zip: GULF BREEZE, FL 32563

Title: SD () Delete
Name: NEVILLE, KATHY
Address: 1186 LIONSGATE LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: TD () Delete
Name: SARACHENE, JOHN
Address: 1098 LIONSGATE LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: HORNE, LARRY
Address: 1067 LIONSGATE LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: NELSON, JIM
Address: 1082 LIONSGATE LANE
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: HORNE, LARRY
Address: 1067 LIONSGATE LANE
City-St-Zip: GULF BREEZE, FL 32563

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

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

Title: D (X) Change () Addition
Name: WILLS, JACKIE
Address: 3129 LINDEN AVENUE
City-St-Zip: GULF BREEZE, FL 32563

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: CLARENCE CORBIN

PD

11/06/2009

Electronic Signature of Signing Officer or Director

Date