

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 25, 2009
Secretary of State

DOCUMENT# N05000004371

Entity Name: LAKE JESUP WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5337 MILLENIA LAKES BOULEVARD
SUITE 160
ORLANDO, FL 32839

New Principal Place of Business:

901 NOARTH LAKE DESTINY DRIVE
SUITE 110
MAITLAND, FL 32751

Current Mailing Address:

5337 MILLENIA LAKES BOULEVARD
SUITE 160
ORLANDO, FL 32839

New Mailing Address:

901 NORTH LAKE DESTINY DRIVE
SUITE 110
MAITLAND, FL 32751

FEI Number: 20-2897409 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEBB, ROBIN
901 NORTH LAKE DESTINY DRIVE
#110
MAITLAND, FL 32751 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: DP () Delete
Name: MCCURDY, CHRISTOPHER
Address: 5337 MILLENIA LAKES BOULEVARD, SUITE 160
City-St-Zip: ORLANDO, FL 32839

Title: DV () Delete
Name: MUSSELWHITE, VIRGINIA
Address: 5337 MILLENIA LAKE BLVD. STE. 160
City-St-Zip: ORLANDO, FL 32839

Title: DST () Delete
Name: ALVERSON, TAMMY
Address: 1105 KENSINGTON PARK DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KENNY, SUSAN
Address: 5669 GREAT EGRET DRIVE
City-St-Zip: SANFORD, FL 32773

Title: DV (X) Change () Addition
Name: KRAMER, TAMIKA
Address: 5872 GREAT EGRET DRIVE
City-St-Zip: SANFORD, FL 32773

Title: DST (X) Change () Addition
Name: MORSE, MATT
Address: 1665 SONG SPARROW CT
City-St-Zip: SANFORD, FL 32773

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: DEAN DRISCOLL

PM

11/25/2009

Electronic Signature of Signing Officer or Director

Date