2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000011745

TI FILED
Jun 07, 2009
Secretary of State

Entity Name: LAKERIDGE ESTATES AT GLEN ABBEY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

204 GLEN ABBEY LANE DEBARY, FL 32721

Current Mailing Address: New Mailing Address:

204 GLEN ABBEY LANE DEBARY, FL 32721

FEI Number: 20-3886907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STACY A. ECKERT, P.A.

2445 S VOLUSIA AVE

C-3

O'NEIL, TIM J

204 GLEN ABBEY LANE

DEBARY, FL 32713 US

ORANGE CITY, FL 32763 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: TIM J. O'NEIL 06/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 CONLEY, STEVEN J
 Name:
 EKALO, SUSAN

 Address:
 350 NPINE MEADOW DR
 Address:
 301 N. PINE MEADOW DRIVE

City-St-Zip: DEBARYOD, FL 32713 City-St-Zip: DEBARY, FL 32713

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MOWREY, NANCY
 Name:
 MULA, MARY

 Address:
 350 NPINE MEADOW DR
 Address:
 301 N. PINE MEADOW DRIVE

City-St-Zip: DEBARYOD, FL 32713 City-St-Zip: DEBARY, FL 32713

Title: D () Delete Title: () Change () Addition
Name: O'NEIL. TIM J Name:

 Name:
 O'NEIL, TIM J
 Name:

 Address:
 204 GLEN ABBEY LANE
 Address:

 City-St-Zip:
 DEBARY, FL 32721
 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: TIM J. O'NEIL D 06/07/2009