

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 23, 2009
Secretary of State**

DOCUMENT# N06000006491

Entity Name: LAKE DRAWDY RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1519 WEST BROADWAY STREET
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1519 WEST BROADWAY STREET
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-5075586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLONINGER, EVELYN W
1519 WEST BROADWAY STREET
OVIEDO, FL 32765 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: LUKER, GEOFFREY K
Address: 131 OVERLOOK DRIVE
City-St-Zip: OVIEDO, FL 32766

Title: DV () Delete
Name: CLONINGER, EVELYN W
Address: 1519 WEST BROADWAY STREET
City-St-Zip: OVIEDO, FL 32765

Title: DV () Delete
Name: LUKER, BEVERLEY
Address: 131 OVERLOOK DRIVE
City-St-Zip: OVIEDO, FL 32766

Title: DT () Delete
Name: SLADEK, PAUL B
Address: 1519 WEST BROADWAY STREET
City-St-Zip: OVIEDO, FL 32765

Title: DS () Delete
Name: LUKER, TOM
Address: 131 OVERLOOK DRIVE
City-St-Zip: OVIEDO, FL 32766

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:

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: PAUL B SLADEK

DT

01/23/2009

Electronic Signature of Signing Officer or Director

Date