

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35321

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** LAKE FOREST NORTH HOMEOWNERS ASSOCIATION OF PALM COAST, INC.

**Current Principal Place of Business:**

7 FLORIDA PARK DRIVE NORTH  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST, FL 32137 US

**Current Mailing Address:**

PO BOX 351493  
PALM COAST, FL 321351493 US

**New Mailing Address:**

POST OFFICE BOX 351493  
PALM COAST, FL 32135 US

FEI Number: 59-2646030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANNON, FRED JR.  
7 FLORIDA PARK DRIVE NORTH  
SOUTHERN STATES MANAGEMENT GROUP  
PALM COAST, FL 32137 US

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

SOUTHERN STATES MANAGEMENT GROUP, INC.  
7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST, FL 32137 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: FRED ANNON, JR.

04/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WALKER, EDWARD  
Address: POST OFFICE BOX 351493  
City-St-Zip: PALM COAST, FL 32135

Title: TD  
Name: BOSCO, BOB  
Address: POST OFFICE BOX 351493  
City-St-Zip: PALM COAST, FL 32135

Title: SD  
Name: KENNY, EVELYN  
Address: POST OFFICE BOX 351493  
City-St-Zip: PALM COAST, FL 32135

Title: D  
Name: WILLIAMS, WILLIAM  
Address: POST OFFICE BOX 351493  
City-St-Zip: PALM COAST, FL 32135

Title: VPD  
Name: ELDRIDGE, PATRICIA  
Address: POST OFFICE BOX 351493  
City-St-Zip: PALM COAST, FL 32135

Title: D  
Name: LEIZ, ARTHUR  
Address: POST OFFICE BOX 351493  
City-St-Zip: PALM COAST, FL 32135

I hereby 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 all other like empowered.

SIGNATURE: EDWARD WALKER

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date