2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N42369

Entity Name: LAKE CRESCENT HILLS HOMEOWNERS ASSOCIATION OF LAKE COUNTY, INC.

Current Principal Place of Business:

4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-3164369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, MARY L
4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

ASSET REAL ESTATE INC.
4004 EDGEWATER DRIVE
ORLANDO, FL 32804 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: MARY RIVERA 04/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: GANLEY, EDWARD
Address: 10827 CRESCENT LAKE COURT
City-St-Zip: CLERMONT, FL 34711

Title: VPD ( ) Delete
Name: BALLANCE, BARBARA
Address: 11308 SUMMERWIND COURT
City-St-Zip: CLERMONT, FL 34711

Title: PD ( ) Delete
Name: MCCARTHY, JOHN
Address: 11426 LK KATHERINE CIR
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: KRETT, WADE
Address: 10737 ASTATULA LANE
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: ARENA, MARGARET
Address: 11305 LAKE KATHERINE CIRCLE
City-St-Zip: CLERMONT, FL 34711

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:

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: JOHN MCCARTHY PD 04/02/2009
Electronic Signature of Signing Officer or Director Date