

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003345

FILED
Feb 28, 2009
Secretary of State

Entity Name: LAKE PIERCE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5070 LAKE PIERCE DRIVE
LAKE WALES, FL 33898 US

New Principal Place of Business:

Current Mailing Address:

5070 LAKE PIERCE DRIVE
LAKE WALES, FL 33898 US

New Mailing Address:

FEI Number: 59-3211355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZO, JIM
5070 LAKE PIERCE DRIVE
LAKE WALES, FL 33898 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: S () Delete
Name: FRAZO, JIM
Address: 5070 LAKE PIERCE DR
City-St-Zip: LAKE WALES, FL 33898

Title: TD () Delete
Name: MACCALLUM, DUNCAN
Address: 5040 LAKE PIERCE DR
City-St-Zip: LAKE WALES, FL 33853

Title: PD () Delete
Name: DICKERSON, MAUREEN
Address: 5080 LAKE PIERCE DR
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: REEVES, FAYE
Address: 4979 LAKE PIERCE DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: FORREST, JEFF
Address: 5000 LAKE PIERCE DR
City-St-Zip: LAKE WALES, FL 33898

Title: VD () Delete
Name: SHIELDS, SANDY
Address: 4985 LANE PIERCE DRIVE
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DICKERSON, MAUREEN
Address: 5080 LAKE PIERCE DR
City-St-Zip: LAKE WALES, FL 33898

Title: VD (X) Change () Addition
Name: TERRY, KENNETH
Address: 2729 LAKE PIERCE DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SHIELDS, SANDY
Address: 4985 LANE PIERCE DRIVE
City-St-Zip: LAKE WALES, FL 33898

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: JIM FRAZO

S

02/28/2009

Electronic Signature of Signing Officer or Director

Date