

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46221

FILED
Jan 04, 2008
Secretary of State

Entity Name: LONG ACRE LAKE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

233 VIOLET DR
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

233 VIOLET DR
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-3107657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, JAMES L
233 VIOLET DRIVE
SANIBEL, FL 33957 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: PD () Delete
Name: FENDELMAN, BURT
Address: 60 GRAMERCY PARK NORTH,
City-St-Zip: NEW YORK, NY 10010

Title: DV () Delete
Name: BRAUN, JACK
Address: 19390 PARK AVE
City-St-Zip: DEEPHAVEN, MN 55391

Title: D () Delete
Name: DUVAL, PAUL
Address: 241 VIOLET DR.
City-St-Zip: SANIBEL, FL 33957

Title: DST () Delete
Name: REYNOLDS, JAMES
Address: 233 VIOLET DR
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: KRZUCH, JOSEPH A
Address: 209 VIOLET DR
City-St-Zip: SANIBEL, FL 33957

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: WELCH, LYMAN
Address: 225 VIOLET DRIVE
City-St-Zip: SANIBEL, FL 33957 US

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: JAMES L. REYNOLDS

DST

01/04/2008

Electronic Signature of Signing Officer or Director

Date