

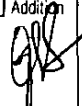


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000002849 1. Entity Name LAKE UNDERHILL PINES HOMEOWNERS ASSOCIATION, INC.						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2008 SEP 12 PM 3:26</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FL 32399</div> 	
Principal Place of Business 509 S. CHICKASAW TRAIL #383 ORLANDO FL 32825				Mailing Address 509 S. CHICKASAW TRAIL #383 ORLANDO FL 32825			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3423320				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E037 (4/08)			
6. Name and Address of Current Registered Agent ACREE II, W CLEVELAND 701 PEACHTREE ROAD ORLANDO FL 32804				7. Name and Address of New Registered Agent Name ALLISON, GERALD L Street Address (P.O. Box Number is Not Acceptable) 63 PINE ARBOR DR City ORLANDO FL Zip Code 32825			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Gerald Allison</i></u> GERALD L. ALLISON 09/15/08 400135961984 09/15/08 01016-000 9-3-08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>							
FILE NOW: FEE IS \$61.25 Due By September 3, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACREE, II, W CLEVELAND 172 PINE ARBOR DRIVE ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALLISON, GERALD L 63 PINE ARBOR DR ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANTANA, VANESSA 226 PINE ARBOR DRIVE ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SANTANA, HAROLD 226 PINE ARBOR DR ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOREIGA, JAVIER 140 PINE ARBOR DRIVE ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BARNETTE, TERESA 259 PINE ARBOR DR ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANGIAGLI, RICHARD 149 PINE ARBOR DRIVE ORLANDO FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARTIN, SUSAN 54 PINE ARBOR DR ORLANDO, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIR, RANDY 180 PINE ARBOR DRIVE ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PICKERING, RANDY 186 LAKE UNDERHILL LOOP ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYER, SHEILA 234 PINE ARBOR DRIVE ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HOLMES, DENNIS 6 PINE ARBOR DR ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerald Allison* **GERALD L. ALLISON** 9-3-08 407-222-3064