

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29963

FILED
Apr 23, 2009
Secretary of State

Entity Name: LANCEWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12600 NW HARBOUR RIDGE BLVD
PALM CITY, FL 34990 US

New Principal Place of Business:

12600 HARBOUR RIDGE BLVD
PALM CITY, FL 34990 US

Current Mailing Address:

12600 NW HARBOUR RIDGE BLVD
PALM CITY, FL 34990 US

New Mailing Address:

12600 HARBOUR RIDGE BLVD
PALM CITY, FL 34990 US

FEI Number: 65-0080668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE
CORNETT, GOOGE & ASSOCIATES, PA
401 E OSCEOLA STREET, FIRST FLOOR
STUART, FL 34994 US

Name and Address of New Registered Agent:

CORNETT, JANE
CORNETT, GOOGE & ASSOCIATES, PA
401 E OSCEOLA ST.
STUART, FL 34994 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:

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: HENDERSON, MICHAEL
Address: 1308 LANCEWOOD TERR
City-St-Zip: PALM CITY, FL 34990

Title: DP () Delete
Name: DAFAZIO, KATHY
Address: 1405 LANCEWOOD TERR
City-St-Zip: PALM CITY, FL 34990

Title: DVP () Delete
Name: KING, DONNA
Address: 1409 LANCEWOOD TERR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: HENDERSON, MICHAEL
Address: 1308 LANCEWOOD TERR
City-St-Zip: PALM CITY, FL 34990 US

Title: DST (X) Change () Addition
Name: NORTOWT, JOAN
Address: 1300 LANCEWOOD TERRACE
City-St-Zip: PALM CITY, FL 34990 US

Title: DP (X) Change () Addition
Name: KING, DONNA
Address: 1409 LANCEWOOD TERRACE
City-St-Zip: PALM CITY, FL 34990 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: MICHAEL HENDERSON

DVP

04/23/2009

Electronic Signature of Signing Officer or Director

Date