

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003769

FILED
Apr 23, 2009
Secretary of State

Entity Name: LEHIGH SENIOR HIGH MUSIC PARENTS ASSOCIATION INC.

Current Principal Place of Business:

901 GUNNERY ROAD
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

1 PARKWOOD VILLAS CT
LEHIGH ACRES, FL 33936

New Mailing Address:

18320 BEAUTY BERRY COURT
LEHIGH ACRES, FL 33972

FEI Number: 65-0510520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, LORI
18320 BEAUTY BERRY CT
LEHIGH ACRES, FL 33972 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: DP () Delete
Name: WAHER, BLAIS
Address: 3736 ALMAN STREET
City-St-Zip: FORT MYERS, FL 33905

Title: VPD () Delete
Name: HUGHES, KAREN
Address: 406 8TH ST W
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TP () Delete
Name: LAWRENCE, LORI
Address: 18320 BEAUTY BERRY COURT
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: PARALES, JAY
Address: 901 GUNNERY ROAD
City-St-Zip: LEHIGH ACRES, FL 33971

Title: SD () Delete
Name: HANIFER, CAROLINE
Address: 1217 BELAIR STREET E
City-St-Zip: LEHIGH ACRES, FL 33974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WEINLAUF, SHERRI
Address: 18194 SANDY PINES CIRCLE
City-St-Zip: FORT MYERS, FL 33917

Title: VPD (X) Change () Addition
Name: SUAREZ, FRANK
Address: 4311 10TH STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

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

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

Title: SD (X) Change () Addition
Name: HANIFEN, CARLINE
Address: 1217 BELAIR STREET E
City-St-Zip: LEHIGH ACRES, FL 33974

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: LORI LAWRENCE

TD

04/23/2009

Electronic Signature of Signing Officer or Director

Date