2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 11, 2009
Secretary of State

DOCUMENT# 724885

Entity Name: LAKE PADGETT ESTATES EAST PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

104 E FOWLER AVE
190
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 10217
TAMPA, FL 33679 US

New Mailing Address:

FEI Number: 59-1608997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEZER, STEVE
1801 N HIGHLAND AVE
TAMPA, FL 33602 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:	T	( ) Delete
Name:	LONGSTAFF, ALAN	
Address:	PO BOX 10217	
City-St-Zip:	TAMPA, FL 33679	
Title:	D	( ) Delete
Name:	HALBERG, NILS	
Address:	PO BOX 10217	
City-St-Zip:	TAMPA, FL 33679	
Title:	P	( ) Delete
Name:	MITCHELL, DONNA	
Address:	PO BOX 10217	
City-St-Zip:	TAMPA, FL 33679	
Title:	VP	( ) Delete
Name:	MOLTISANTI, DEBBIE	
Address:	PO BOX 10217	
City-St-Zip:	TAMPA, FL 33679	
Title:	S	( ) Delete
Name:	BOOKSMITH, LORA	
Address:	PO BOX 10217	
City-St-Zip:	TAMPA, FL 33679	
Title:	D	( ) Delete
Name:	GATES, CARL	
Address:	PO BOX 10217	
City-St-Zip:	TAMPA, FL 33679 US	

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:	VP	(X) Change ( ) Addition
Name:	WILLIAMS, CHRISTOPHER	
Address:	PO BOX 10217	
City-St-Zip:	TAMPA, FL 33679	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: DONNA MITCHELL P 06/11/2009

Electronic Signature of Signing Officer or Director — Date