

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706268

FILED
Apr 19, 2009
Secretary of State

Entity Name: LAKE OSBORNE ESTATES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

1510 HIGH RIDGE RD
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6014
LAKE WORTH, FL 33466 US

New Mailing Address:

FEI Number: 05-9619746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POUNCEY, ROBERT C
1513 SHIRLEY COURT
LAKE WORTH, FL 33461 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: POUNCEY, ROBERT C
Address: 1513 SHIRLEY COURT
City-St-Zip: LAKE WORTH, FL 33461

Title: TD () Delete
Name: CORNALL, ERIC M
Address: 1403 TAHOE CRT
City-St-Zip: LAKE WORTH, FL 33461

Title: SD () Delete
Name: POBLE, LAURA
Address: 1408 CREST DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: DC () Delete
Name: SILVER, LAWERENCE B
Address: 5356 LAKE OSBORNE DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: VD () Delete
Name: MAULE, DONALD
Address: 1412 LAKE ONTARIO DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: V () Delete
Name: MCCORMICK, BENJAMIN
Address: 1413 SHIRLEY CRT
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: POHLE, LAURA
Address: 1408 CREST DRIVE
City-St-Zip: LAKE WORTH, FL 33461

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

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: ERIC M. CORNALL

TD

04/19/2009

Electronic Signature of Signing Officer or Director

Date