2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722370

FILED Mar 03, 2008 Secretary of State

Entity Name: GEORGE'S LAKE HOME AND PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 114 SARASOTA STREET FLORAHOME, FL 32140 US **Current Mailing Address: New Mailing Address:** PO BOX 237 FLORAHOME, FL 321400237 US FEI Number: 59-2556359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOPER, DOROTHY A HOLSOMBACK, LISA 552 WEST HILLSBOROUGH AVE 368 TINSLEY ROAD FLORAHOME, FL 32140 FLORAHOME, FL 32140 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: LISA HOLSOMBACK 03/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STARLING, KENNETH Name: Name: P.O. BOX 486 Address: Address: City-St-Zip: FLORAHOME, FL 32140 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ARNETT, SANDY Name: Address: 515 HILLSBOROUGH AVE. Address: City-St-Zip: FLORAHOME, FL 32140 City-St-Zip: Title: () Delete Title: (X) Change () Addition COOPER, DOROTHY Name: HOLSOMBACK, LISA Name: 552 WEST HILLSBOROUGH AVE Address: P.O. BOX 306 Address: City-St-Zip: FLORAHOME, FL 32140 City-St-Zip: FLORAHOME, FL 32140 Title: () Delete Title: () Change () Addition COOPER, DOROTHY A Name: Name: Address: P.O. BOX 306 Address: City-St-Zip: FLORAHOME, FL 32140 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: LISA HOLSOMBACK Τ 03/03/2008