

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 02, 2008
Secretary of State

DOCUMENT# 722370

Entity Name: GEORGE'S LAKE HOME AND PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**114 SARASOTA STREET
FLORAHOME, FL 32140 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 237
FLORAHOME, FL 321400237 US**New Mailing Address:****FEI Number:** 59-2556359**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOLSOMBACK, LISA
552 WEST HILLSBOROUGH AVE
FLORAHOME, FL 32140 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:** P () Delete
Name: STARLING, KENNETH
Address: P.O. BOX 486
City-St-Zip: FLORAHOME, FL 32140**Title:** V () Delete
Name: ARNETT, SANDY
Address: 515 HILLSBOROUGH AVE.
City-St-Zip: FLORAHOME, FL 32140**Title:** T () Delete
Name: HOLSOMBACK, LISA
Address: 552 WEST HILLSBOROUGH AVE
City-St-Zip: FLORAHOME, FL 32140**Title:** S () Delete
Name: COOPER, DOROTHY A
Address: P.O. BOX 306
City-St-Zip: FLORAHOME, FL 32140**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**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:** S (X) Change () Addition
Name: CLARK, DENISE
Address: 600 WAKULLA ST.
City-St-Zip: FLORAHOME, FL 32140**Title:** BM () Change (X) Addition
Name: COOPER, DORTHY
Address: P.O. BOX 306
City-St-Zip: FLORAHOME, FL 32140**Title:** BM () Change (X) Addition
Name: FLEECE, DAWN
Address: 924 E. HILLSBOROUGH
City-St-Zip: FLORAHOME, FL 32140

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: DENISE CLARK

S

07/02/2008

Electronic Signature of Signing Officer or Director

Date