2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# 722370

Entity Name: GEORGE'S LAKE COMMUNITY 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:

MIKELSON, LAWRENCE E II
1133 CORAL FARMS RD
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: LAWRENCE E MIKELSON II 01/17/2009
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: CLARK, DENISE
Address: 600 WAKULLA ST.
City-St-Zip: FLORAHOME, FL 32140

Title: BM ( ) Delete
Name: COOPER, DORTHY
Address: P.O. BOX 306
City-St-Zip: FLORAHOME, FL 32140

Title: BM ( ) Delete
Name: FLEECE, DAWN
Address: 924 E. HILLSBOROUGH
City-St-Zip: FLORAHOME, FL 32140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S/T (X) Change ( ) Addition
Name: MIKELSON, LAWRENCE E II
Address: 1133 CORAL FARMS RD
City-St-Zip: FLORAHOME, FL 32140

Title: BM (X) Change ( ) Addition
Name: LISA, HOLSOMBACK
Address: 552 W HILLSBOROUGH AV
City-St-Zip: FLORAHOME, FL 32140

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

Title: BM (X) Change ( ) Addition
Name: ALEX, ARNETT
Address: 515 HILLSBOROUGH AVE.
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: LAWRENCE E MIKELSON II S/T 01/17/2009
Electronic Signature of Signing Officer or Director Date