

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722910

FILED
Mar 08, 2009
Secretary of State

Entity Name: LAKE BREEZE HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

2600-A LUCERNE DR.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2600-A LUCERNE DR.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-1846960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCHAREN, LEALAND L
2716 LUCERNE DR
TALLAHASSEE, FL 32303 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: LINDSTAM, KATHY
Address: 2620 NEUCHATEL DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MCGUINE, CHRIS
Address: 2643 LUCERNE DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MARTIN, SHERRI
Address: 2601 NEUCHATEL DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD () Delete
Name: MCCHAREN, KATHLEEN
Address: 2716 LUCERNE DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: JOHNSON, DAVID
Address: 2616 NEUCHATEL DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: WALKER, LEE ANNE
Address: 2740 LUCERNE DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MCGUIRE, CHRIS
Address: 2643 LUCERNE DR
City-St-Zip: TALLAHASSEE, FL 32303

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

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

Title: D (X) Change () Addition
Name: JOHNSON, BARBARA
Address: 2616 NEUCHATEL DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD (X) Change () Addition
Name: WALKER, LEE ANNE
Address: 2740 LUCERNE DR
City-St-Zip: TALLAHASSEE, FL 32303

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: KATHLEEN O. MCCHAREN

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03/08/2009

Electronic Signature of Signing Officer or Director

Date