

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726464

FILED
Mar 18, 2009
Secretary of State

Entity Name: LOCH HARBOUR ASSOCIATION, INC.

Current Principal Place of Business:

2100 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2100 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-1508580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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: TD () Delete
Name: HAMILTON, BETTY
Address: 11001 SE SUNSET HARBOR RD #30
City-St-Zip: SUMMERFIELD, FL 34491

Title: PD () Delete
Name: GORDON, RICKY
Address: 6381 63RD WAY NW
City-St-Zip: PARKLAND, FL 33067

Title: SD () Delete
Name: CRETUL, ROSE
Address: 3250 68TH AVE NW
City-St-Zip: OCALA, FL 34482

Title: VD () Delete
Name: ROBBINS, JAY
Address: 11001 SUNSET HARBOR RD SE #1
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: KURBANICK, MIKE
Address: 3800 47TH AVE SE
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: HAMILTON, BETTY
Address: 11001 SUNSET HARBOR RD SE #30
City-St-Zip: SUMMERFIELD, FL 34491

Title: VPD (X) Change () Addition
Name: BUTLER, ILENE
Address: 1111 S 7TH ST
City-St-Zip: LEESBURG, FL 34748

Title: SD (X) Change () Addition
Name: JOHNSON, KATHY
Address: 1007 E FT KING ST
City-St-Zip: OCALA, FL 34471

Title: PD (X) Change () Addition
Name: ROBBINS, JAY
Address: 3413 MOLLEN AVE
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change () Addition
Name: ARNOLD, VINCE
Address: 11001 SUNSET HARBOR RD SE #33
City-St-Zip: SUMMERFIELD, FL 34491

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: JAY ROBBINS

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date