

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732649

FILED
Mar 20, 2009
Secretary of State

Entity Name: LAKE GRASSY HOMESITES ASSOCIATION, INC.

Current Principal Place of Business:

4 EAST PALM CIR
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

4 EAST PALM CIR
LAKE PLACID, FL 338527395

New Mailing Address:

4 EAST PALM CIR
LAKE PLACID, FL 33852

FEI Number: 23-7437217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIVIENO, VONDA
4 EAST PALM CIR
LAKE PLACID, FL 33852 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: VP () Delete
Name: PEKAR, NORMAN
Address: 10 E PALM CIRCLE
City-St-Zip: LAKE PLACID, FL

Title: S () Delete
Name: HOCKETT, JANE
Address: 8 WEST PALM CIR
City-St-Zip: LAKE PLACID, FL 33852

Title: P () Delete
Name: VIVIANO, JOSEPH
Address: 4 E PALM CIRCLE
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: VIVIANO, VONDA L
Address: 4 EAST PALM CIR
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MALLE, PATRICIA
Address: 3 EAST PALM CIRCLE
City-St-Zip: LAKE PLACID, FL 33852

Title: P (X) Change () Addition
Name: ROBERT, FEAGLEY
Address: 329 CR 29
City-St-Zip: LAKE PLACID, FL 33852

Title: () Change () Addition
Name:
Address:
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: VONDA LEE VIVIANO

T

03/20/2009

Electronic Signature of Signing Officer or Director

Date