

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746920

FILED
Mar 27, 2009
Secretary of State

Entity Name: LSG COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERI-TECH MGMT
1799-B N. BELCHER RD.
CLEARWATER, FL 33765 US

Current Mailing Address:

C/O AMERI-TECH MGMT
1799-B N. BELCHER RD.
CLEARWATER, FL 33765 US

New Principal Place of Business:

C/O AMERI-TECH MGMT
24701 US HIGHWAY 19 N SUITE #102
CLEARWATER, FL 33763 US

New Mailing Address:

C/O AMERI-TECH MGMT
P.O. BOX 14357
CLEARWATER, FL 33766 US

FEI Number: 59-1995138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, MICHAEL G
1799-B N. BELCHER RD.
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

PEREZ, MICHAEL G
24701 US HIGHWAY 19 N SUITE #102
CLEARWATER, FL 33763 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: MICHAEL G PEREZ, PRESIDENT

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: MOWRY, BRIAN D
Address: 3915 ORCHARD HILL CIR.
City-St-Zip: PALM HARBOR, FL 34684

Title: PD () Delete
Name: TOOKE, MICHAEL
Address: 2800 LONG LEAF LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD () Delete
Name: ECKSTEIN, JEAN CLAUDE
Address: 3922 ORCHARD HILL CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: GAGLIANO, JOHN
Address: 3948 ORCHARD HILL CIRCLE
City-St-Zip: PALM HARBOR, FL

Title: D () Delete
Name: THIEMAN, PIERRE
Address: 4022 SANDPIPER CT
City-St-Zip: PALM HARBOR, FL 34684

Title: TD () Delete
Name: SAWYER, LILLIAN
Address: 2601 GREENDALE COURT
City-St-Zip: PALM HARBOR, FL 34684

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

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

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: MICHAEL TOOKE

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date