

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748817

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLORAL LAKES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2055 S. FLORAL AVE.
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

2055 S. FLORAL AVE.
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 59-2808070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACBLANE, LARRY
2055 S FLORAL AVENUE #51A
BARTOW, FL 33830 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: T () Delete
Name: NICHOLS, JOE
Address: 2055 S FLORAL AVENUE, #177
City-St-Zip: BARTOW, FL 33830

Title: P () Delete
Name: SPIGNER, JOHN
Address: 2055 S FLORAL AVE #183
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: ROEBKE, LEE
Address: 2055 S FLORAL AVENUE, #29
City-St-Zip: BARTOW, FL 33830

Title: V () Delete
Name: MACBLANE, LARRY
Address: 2055 S FLORAL AVENUE, #51A
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: GUGINO, JAN
Address: 2055 S FLORAL AVENUE, #246
City-St-Zip: BARTOW, FL 33830

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NICHOLS, JOE
Address: 2055 S FLORAL AVENUE, #177
City-St-Zip: BARTOW, FL 33830

Title: D (X) Change () Addition
Name: MITCHELL, BILL
Address: 2055 S FLORAL AVE #162
City-St-Zip: BARTOW, FL 33830

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: D () Change (X) Addition
Name: LASALLE, ROCCO
Address: 2055 S FLORAL AVENUE # 274
City-St-Zip: BARTOW, FL 33830

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: JOE NICHOLS

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date