

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753775

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** LAKE VERONA EAST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3A MIRACLE AVE  
APT B  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

3A MIRACLE AVE  
APT B  
AVON PARK, FL 33825

**New Mailing Address:**

**FEI Number:** 59-2223798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINEBACK, ANNA  
3 A MIRACLE AVE  
APT B  
AVON PARK, FL 33825 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: STD ( ) Delete  
Name: LINEBACK, ANNA  
Address: 3A MIRACLE AVE B  
City-St-Zip: AVON PARK, FL 33825

Title: VP ( ) Delete  
Name: CARABERIS, MARGARET  
Address: 17 A MIRACLE AVE  
City-St-Zip: AVON PARK, FL 33825

Title: VD ( ) Delete  
Name: WOODRUFF, CLARENCE T  
Address: 7 A MIRACLE AVE  
City-St-Zip: AVON PARK, FL 33825

Title: PD ( ) Delete  
Name: WHITE, MADELINE  
Address: 15 A MIRACLE AVE  
City-St-Zip: AVON PARK, FL 33825

**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:

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: ANNA LINEBACK

STD

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date