2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#753892

FILED Feb 03, 2009 Secretary of State

Entity Name: LYNNWOOD ESTATES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 720084 6801 CASTILLO COURT ORLANDO, FL 328727084 ORLANDO, FL 32822 **Current Mailing Address: New Mailing Address:** P.O. BOX 720084 ORLANDO, FL 328727084 FEI Number: 59-2065707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STAINES, MERWIN R 6801 CASTILLO COURT ORLANDO, FL 32822 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ZSCHUNKE, GARY Name: Name: 6821 POMEII RD. Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: PD () Delete Title: () Change () Addition OSBORN, GREG Name: Name: Address: 6914 CASTILLO CT Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition STAINES, MERWIN R Name: Name: 6801 CASTILLO CT. Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: STAINES, MERWIN R Name: Address: 6801 CASTILLO CT Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition RAYBURN, BOB Name: Name: 6804 MEDITERRANEAN RD Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: (X) Change () Addition CHAMBERS, JEANNE ST. MYER, JERRY Name: Name: Address: 6816 MEDITERRANEAN RD Address: 6509 POMPEII RD ORLANDO, FL 32822 ORLANDO, FL 32822 City-St-Zip: 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: MERWIN R STAINES SD 02/03/2009