2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756114

FILED Jan 27, 2009 Secretary of State

Entity Name: LAKE BOSSE OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: BOX 607712 ORLANDO, FL 328604612 **Current Mailing Address: New Mailing Address:** BOX 607712 ORLANDO, FL 328604612 FEI Number: 59-2125005 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: INTRAVAIA, ANGELO 8511 LK BOSSE DR ORLANDO, FL 32810 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition INTRAVAIA, ANGELO Name: Name: 6511 LK BOSSE DR Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: Title: (X) Change () Addition () Delete FORD, KATLY Name: MCCAIN, ETHAN Name: Address: 4126 GREENS FERN Address: 4126 GREENFERN DR. City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810 Title: () Delete Title: (X) Change () Addition WYNN, CHIQUITA BYRD, GAIL Name: Name: Address: 4223 TALL TREE Address: 4128 TALL TREE DR. City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810 () Delete Title: Title: (X) Change () Addition Name: BARBAR, KEN Name: MCKEE, MICHAEL 8434 LK BOSSE DR Address: Address: 4002 TALL TREE DR. ORLANDO, FL 32810 City-St-Zip: City-St-Zip: ORLANDO, FL 32810 Title: () Delete Title: (X) Change () Addition BYRD, GAIL DALES, CAROLINE Name: Name: 4128 TALL TREE 8544 LAKE BOSSE DR. Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810 Title: () Delete Title: (X) Change () Addition CHEDENIK, MARNI BARBER, KEN Name: Name: Address: 8504 LK BOSSE DR Address: 8434 LK BOSSE DR ORLANDO, FL 32810 ORLANDO, FL 32810 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: ANGELO INTRAVAIA PRES 01/27/2009