2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2008
Secretary of State

DOCUMENT# 757693

Entity Name: LAKE HOWELL ARMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

700 GEORGETOWN DR
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

700 GEORGETOWN DR
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-2166337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GLASSMAN, DAVID N
112 ANNIE ST
ORLANDO, FL 32806 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:	D	( ) Delete
Name:	MCKENNA, JIM	
Address:	630D GEORGETOWN DR	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	D	( ) Delete
Name:	TRAVIS, JIM	
Address:	180 LARGO VISTA BLVD	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	VPD	( ) Delete
Name:	HUBERT, ADA	
Address:	2019 SEPLER CT	
City-St-Zip:	FERN PARK, FL 32730	
Title:	TD	( ) Delete
Name:	MUSSER, JENNY	
Address:	5415 LAKEHOWELL RD 327	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	SD	( ) Delete
Name:	BEASLEY, LARRY	
Address:	912 ARABLAN AVE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	PD	( ) Delete
Name:	BARBER, FRANK	
Address:	232 WILSHIRE BLVD	
City-St-Zip:	CASSELBERRY, FL 32707	

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: FRANK BARBER PD 07/02/2008
Electronic Signature of Signing Officer or Director — Date