2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#757693

FILED Apr 20, 2009 Secretary of State

Entity Name: LAKE HOWELL ARMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 700 GEORGETOWN DR CASSELBERRY, FL 32707 US **Current Mailing Address: New Mailing Address:** 700 GEORGETOWN DR CASSELBERRY, FL 32707 US FEI Number: 59-2166337 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: GLASSMAN, DAVID N 112 ANNIE ST ORLANDO, FL 32806 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 MCKENNA, JIM Name: Name: 630D GEORGETOWN DR Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition TRAVIS, JIM Name: TRAVIS, JIM Name: Address: 180 LARGO VISTA BLVD Address: 180 LARGO VISTA BLVD City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707 Title: VPD () Delete Title: SEC (X) Change () Addition HUBERT, ADA HEBERT, ADA Name: Name: 2019 SEPLER CT 2019 SEPLER CT Address: Address: City-St-Zip: FERN PARK, FL 32730 City-St-Zip: FERN PARK, FL 32730 Title: TD () Delete Title: () Change () Addition Name: MUSSER, JENNY Name: 5415 LAKEHOWELL RD 327 Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: (X) Change () Addition BEASLEY, LARRY BEASLEY, LARRY Name: Name: 912 ARABLAN AVE 912 ARABLAN AVE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: (X) Change () Addition BARBER, FRANK BARBER, FRANK Name: Name: Address: 232 WILSHIRE BLVD Address: 232 WILSHIRE BLVD CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 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: FRANK PAUL BERBER PRES 04/20/2009