

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 29, 2008
Secretary of State

DOCUMENT# 760473

Entity Name: LOST LAKE VILLAGE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**8335 LOST LAKE DRIVE
ORLANDO, FL 32817**New Principal Place of Business:**8409 LOST LAKE DRIVE
ORLANDO, FL 32817**Current Mailing Address:**POST OFFICE BOX 982
GOLDENROD, FL 327330982**New Mailing Address:****FEI Number:** 59-2841140**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHEWCHUK, CONNIE
8335 LOST LAKE DRIVE
ORLANDO, FL 32817 US**Name and Address of New Registered Agent:**ELLER, EVA
8409 LOST LAKE DRIVE
ORLANDO, FL 32817 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: EVA ELLER

10/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BERRINGER, LYNN
Address: P.O. BOX 982
City-St-Zip: GOLDENROD, FL 32733

Title: DT () Delete
Name: SHEWCHUK, CONNIE
Address: P.O. BOX 982
City-St-Zip: GOLDENROD, FL 32733

Title: DP () Delete
Name: LAPP, JESSICA
Address: P.O. BOX 982
City-St-Zip: GOLDENROD, FL 32733

Title: DV () Delete
Name: MAINES, MARK
Address: P. O. BOX 982
City-St-Zip: GOLDENROD, FL 32733

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: OVERBEY, LAUREN
Address: P.O. BOX 982
City-St-Zip: GOLDENROD, FL 32733

Title: DT (X) Change () Addition
Name: ELLER, EVA
Address: P.O. BOX 982
City-St-Zip: GOLDENROD, FL 32733

Title: DP (X) Change () Addition
Name: MAINES, MARK
Address: P.O. BOX 982
City-St-Zip: GOLDENROD, FL 32733

Title: DVP (X) Change () Addition
Name: KNOX, KAREN
Address: P. O. BOX 982
City-St-Zip: GOLDENROD, FL 32733

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: EVA ELLER

DT

10/29/2008

Electronic Signature of Signing Officer or Director

Date