

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761156

FILED
Jan 15, 2009
Secretary of State

Entity Name: PARCEL 310 LAKE AND DRAINAGE ASSOCIATION, INC.

Current Principal Place of Business:

8080 NW 10TH COURT
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

PO BOX 489
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 59-2370121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SURFACE, SANDY
8080 NW 10 CT
PLANTATION, FL 33322 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: PST () Delete
Name: SURFACE, SANDY
Address: 8080 NW 10 CT
City-St-Zip: PLANTATION, FL 33322

Title: DVP () Delete
Name: HAUSE, DOUGLAS
Address: 1880 S DAIRY ASHFORD #570
City-St-Zip: HOUSTON, TX 77077

Title: D () Delete
Name: SURFACE, SANDY
Address: 8080 NW 10 CT
City-St-Zip: PLANTATION, FL

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:

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: SANDY SURFACE

PST

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date