

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762602

FILED
Jan 13, 2009
Secretary of State

Entity Name: LAKE DOT VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 120809
CLERMONT, FL 34712

New Principal Place of Business:

920 FIFTH STREET
CLERMONT, FL 34711

Current Mailing Address:

PO BOX 120809
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 59-2190282 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TIRRI, RUTH
920 5TH ST
CLERMONT, FL 34711 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: P () Delete
Name: TIRRI, RUTH
Address: 920 FIFTH ST
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: HUGHES, JOANNE
Address: 924 FIFTH STREET
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: DASHER, BRENDA
Address: 900 5TH ST
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: RIFFLE, JASON T
Address: 992 FIFTH ST
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: CRAWFORD, WILLIAM C
Address: 932 5TH ST
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: PAHALY, BRUCE
Address: 1704 BROLGA ST
City-St-Zip: GROVELAND, FL 34736

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
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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: JOANNE HUGHES

SEC

01/13/2009

Electronic Signature of Signing Officer or Director

Date