

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764050

FILED
Apr 26, 2009
Secretary of State

Entity Name: LAKE HARNEY ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

1494 BRIGHAM LOOP
GENEVA, FL 32732 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 108
GENEVA, FL 32732 US

New Mailing Address:

FEI Number: 59-2240058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALASSINI, MARTIN
1494 BRIGHAM LOOP
GENEVA, FL 32732 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: GALASSINI, MARTIN
Address: 1494 BRIGHAM LOOP
City-St-Zip: GENEVA, FL 32732 US

Title: V () Delete
Name: NEUDORFFER, NATHAN
Address: 1449 BRIGHAM LOOP
City-St-Zip: GENEVA, FL 32732 US

Title: D () Delete
Name: THOMPSON, DOROTHY
Address: 1541 BRIGHAM LOOP
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: LABORDE, PENNY
Address: 1046 WINONA DR
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: ASPURN, MONA
Address: 936 WINONA DR.
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: HYLER, VANESSA
Address: 1245 W GARON COVE
City-St-Zip: GENEVA, FL 32732

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: T (X) Change () Addition
Name: TROMBLY, THOMAS
Address: 1223 SUTTON TRL
City-St-Zip: GENEVA, FL 32732

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: THOMAS TROMBLY

T

04/26/2009

Electronic Signature of Signing Officer or Director

Date