2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765423

LAND O LAKES, FL 34639

FILED Jan 15, 2009 Secretary of State

Entity Name: LAKE PADGETT SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3948 LAKE PADGETT SQ. 3948 LAKE PADGETT SQ. LAND O LAKES, FL 34639

LAND O LAKES, FL 34639 US

US

Current Mailing Address: New Mailing Address:

P. O. BOX 237

3948 LAKE PADGETT SQ.

13948 LAKE PADGETT DR.

13948 LAKE PADGETT SQ.

13948 LAKE PADGETT DR.

13948 LAKE PADGETT SQ.

13948 LAKE PADGETT SQ.

13948 LAKE PADGETT SQ.

FEI Number: 59-2375264 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:

MONAR, LOUIS S

MONAR, LOUIS G
3948 LAKE PADGETT DR

MONAR, LOUIS G
3948 LAKE PADGETT DR

3948 LAKE PADGETT DR 3948 LAKE PADGETT DR LAND O' LAKES, FL 34639 US LAND O' LAKES, FL 34639 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: LOUIS G. MOLNAR 01/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

itle: D ()Delete Title: D (X)Change ()Addition

 Name:
 MYERS, MICHAEL
 Name:
 MYERS, MICHAEL

 Address:
 3948 LAKE PADGETT DR.
 Address:
 3948 LAKE PADGETT DR.

 City-St-Zip:
 LAND O' LAKES, FL
 34639 US

Title: D () Delete Title: D (X) Change () Addition Name: GRATTON, PAUL Name: GRATTON, PAUL

Address: 3948 LAKE PADGETT DR. Address: 3948 LAKE PADGETT DR. City-St-Zip: LAND O'LAKES, FL City-St-Zip: LAND O'LAKES, FL 34639 US

Title: PSTD () Delete Title: PSTD (X) Change () Addition

 Name:
 MOLNAR, LOUIS G
 Name:
 MOLNAR, LOUIS G

 Address:
 3948 LAKE PADGETT DR
 Address:
 3948 LAKE PADGETT DR

 City-St-Zip:
 LAND O' LAKES, FL
 City-St-Zip:
 LAND O' LAKES, FL
 34639 US

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: LOUIS G. MOLNAR PSTD 01/15/2009