

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766335

FILED  
Feb 18, 2009  
Secretary of State

**Entity Name:** LAGO VISTA HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

**Current Principal Place of Business:**

7201 LAGO VISTA COURT  
PENSACOLA, FL 32506 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3578  
PENSACOLA, FL 325163578 US

**New Mailing Address:**

**FEI Number:** 59-2253310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, DALE  
7201 LAGO VISTA COURT  
PENSACOLA, FL 32506 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: PRES ( ) Delete  
Name: ROBERTS, DALE  
Address: 7201 LAGO VISTA COURT  
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete  
Name: SANTOS, CINDY  
Address: 7266 LAGO VISTA COURT  
City-St-Zip: PENSACOLA, FL 32506

Title: TD ( ) Delete  
Name: CHILDS, AMY  
Address: 7263 LAGO VISTA COURT  
City-St-Zip: PENSACOLA, FL 32506

Title: SD (X) Delete  
Name: ARMSTONG, LETHA  
Address: 7257 LAGO VISTA COURT  
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete  
Name: NOBLE, TERRY  
Address: 7265 LAGO VISTA CT  
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete  
Name: SCHMIDT, DEWAYNE  
Address: 7259 LAGO VISTA CT  
City-St-Zip: PENSACOLA, FL 32505

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S/T (X) Change ( ) Addition  
Name: SANTOS, CINDY  
Address: 7266 LAGO VISTA COURT  
City-St-Zip: PENSACOLA, FL 32506

Title: VP (X) Change ( ) Addition  
Name: CHILDS, AMY  
Address: 7263 LAGO VISTA COURT  
City-St-Zip: PENSACOLA, FL 32506

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: DALE ROBERTS

PRES

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date