

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768293

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: LAKE DAMON SOUTH II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ELAINE KEPPLER  
344 GROVE CIRCLE  
AVON PARK, FL 33825 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ELAINE KEPPLER  
344 GROVE CIRCLE  
AVON PARK, FL 33825 US

**New Mailing Address:**

FEI Number: 59-2329166      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KEPPLER, ELAINE P  
344 GROVE CIRCLE  
AVON PARK, FL 33825 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: PD ( ) Delete  
Name: VOTAW, LARRY  
Address: 328 GROVE CIRCLE  
City-St-Zip: AVON PARK, FL 33825

Title: VPD ( ) Delete  
Name: EVANS, DIANE  
Address: 318 GROVE CIRCLE  
City-St-Zip: AVON PARK, FL 33825

Title: ST ( ) Delete  
Name: WILEY, PAT  
Address: 302 GROVE CIRCLE  
City-St-Zip: AVON PARK, FL 33825

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

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

Title: VPD (X) Change ( ) Addition  
Name: KOON, MICHELE  
Address: 322 GROVE CIRCLE  
City-St-Zip: AVON PARK, FL 33825

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: ELAINE P. KEPPLER

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

TREA

03/13/2009

\_\_\_\_\_  
Date