

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 768999

Entity Name: L.O.V.O. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

U.S. 192 WEST
7770 W IRLON BRONSON MEM HWY
KISSIMMEE, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

DAILY MANAGEMENT, INC
P.O. BOX 730119
ORMOND BEACH, FL 321730119 US

New Mailing Address:

FEI Number: 59-2942714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POHL & SHORT, P.A.
280 W. CANTON AVENUE
SUITE 410
WINTER PARK, FL 32789 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: SD () Delete
Name: STEWART, STEVE
Address: 47 ARIAN AVE
City-St-Zip: BRONX, NY 10463

Title: TD () Delete
Name: MARTEL, RICHARD
Address: 467 KEITH CRES
City-St-Zip: OTTAWA, ONTARIO CANADA, K1W0A5

Title: PD () Delete
Name: BLAISSE, LARRY
Address: 1329 COLWEL LANE
City-St-Zip: CONSHOCKEN, PA 19428

Title: VD () Delete
Name: SHEMAK, TOM
Address: 1311 HAMLIN DR
City-St-Zip: CLEARWATER, FL 33764

Title: ASD () Delete
Name: NETTLES, KENNETH
Address: 106 SPRINGHOUSE DR
City-St-Zip: SAVANNAH, GA 31419

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: MARTEL, RICHARD
Address: 467 KEITH CRES
City-St-Zip: OTTAWA, ONTARIO CANADA, CA K1W 0A5 CA

Title: PD (X) Change () Addition
Name: BLAISSE, LARRY
Address: 1329 COLWELL LANE
City-St-Zip: CONSHOCKEN, PA 19428

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: LARRY BLAISSE

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date