

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38988

FILED
Feb 05, 2009
Secretary of State

Entity Name: LAKE FOX VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4950 CYPRESS GARDENS RD.
P.O. BOX 76
WINTER HAVEN, FL 33884

New Principal Place of Business:

4950 CYPRESS GARDENS ROAD
WINTER HAVEN, FL 33884

Current Mailing Address:

4950 CYPRESS GARDENS RD.
P.O. BOX 76
WINTER HAVEN, FL 33884 US

New Mailing Address:

323 LAKEVIEW LANE
WINTER HAVEN, FL 33884 US

FEI Number: 59-2765249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORMIER, ROBERT A
323 LAKEVIEW LANE
WINTER HAVEN, FL 33884 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LYNCH, JACQUELINE
Address: 101 VILLAGE CT.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: HAND, SHARON
Address: 102 VILLAGE CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: P () Delete
Name: CORMIER, ROBERT A
Address: 323 LAKEVIEW LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: HILL, BILL
Address: 307 LAKEVIEW LN
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: LYNCH, THOMAS
Address: 101 VILLAGE CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: SWEENEY, HELEN
Address: 130 VILLAGE CT.
City-St-Zip: WINTER HAVEN, FL 33884

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: D (X) Change () Addition
Name: TOEPFER, VIOLET
Address: 112 VILLAGE CT
City-St-Zip: WINTER HAVEN, FL 33884

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. CORMIER

PRES

02/05/2009

Electronic Signature of Signing Officer or Director

Date