

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000067

FILED
Feb 02, 2009
Secretary of State

Entity Name: CARLSBERG ESTATES ON LAKE SUZANNE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

484 LAKE SUZANNE DRIVE
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

5955 T G LEE BLVD
SUITE 300
ORLANDO, FL 32822

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

FEI Number: 95-4777918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURLOW, REBECCA
5955 T G LEE BLVD
SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

FURLOW, REBECCA
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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: REBECCA FURLOW

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARTER, JOYCE
Address: 388 LAKE SUZANNE DR
City-St-Zip: LAKE WALES, FL 33859

Title: VP () Delete
Name: BAGGETT, CLIFFORD H
Address: 504 LAKE SUZANNE DR
City-St-Zip: LAKE WALES, FL 33859

Title: S () Delete
Name: STARK, CARLA R
Address: 483 LAKE SUZANNE DR
City-St-Zip: LAKE WALES, FL 33859

Title: T () Delete
Name: MILLER, JANET L
Address: 4185 CANNES AVE
City-St-Zip: LAKE WALES, FL 33859

Title: D () Delete
Name: SACK, DAVID
Address: 352 LAKE SUZANNE DR
City-St-Zip: LAKE WALES, FL 33859

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: () 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: REBECCA FURLOW

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date