

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001675

FILED
Mar 17, 2009
Secretary of State

Entity Name: LAKE JOVITA CLUB VILLAS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKER CREEK BLVD.
206
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

720 BROOKER CREEK BLVD.
206
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3639570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCANNAVINO, INC.
720 BROOKER CREEK BLDV.
STE 206
OLDSMAR, FL 34677 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: D () Delete
Name: CROWLEY, ROBERT
Address: P.O. BOX 26124
City-St-Zip: WEST HAVEN, CT 06516

Title: PRES () Delete
Name: RUPP, BERNIE
Address: 5021 CHATTAM LANE
City-St-Zip: TAMPA, FL 33624

Title: STD () Delete
Name: GACIO, SANDRA
Address: 201 E. KENNEDY BLVD., 850
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: PETERSON, KYLE
Address: P.O. BOX 1011
City-St-Zip: DADE CITY, FL 33525

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: RUPP, BERNIE
Address: 5021 CHATTAM LANE
City-St-Zip: TAMPA, FL 33624

Title: PD (X) Change () Addition
Name: GACIO, SANDRA
Address: 201 E. KENNEDY BLVD., 850
City-St-Zip: TAMPA, FL 33602

Title: TD (X) Change () Addition
Name: PETERSON, KYLE
Address: P.O. BOX 1011
City-St-Zip: DADE CITY, FL 33525

Title: SD () Change (X) Addition
Name: HANSON, FREDERICK
Address: 33734 AMERICANA AVENUE
City-St-Zip: DADE CITY, FL 33525

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: SANDRA GACIO

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date