

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002363

FILED
Apr 27, 2009
Secretary of State

Entity Name: LAKE FOREST TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 90-0049164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUDERSHELT, BOBBY
C/O BOSSHARDT PROPERTY MGT. INC.
5522-B NW 43 ST.
GAINESVILLE, FL 32653 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: TD () Delete
Name: CRAYTON, DEBORAH
Address: 440 SE 47 TERR.
City-St-Zip: GAINESVILLE, FL 32641

Title: SD () Delete
Name: MONSANTO, TARALYN D
Address: 449 SE 6 AVE.
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: CRAYTON, DEBORAH
Address: 440 SE 47 TERRACE
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: DEWESE-MITCHELL, TARALYN
Address: 4649 SE 6TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: PD (X) Change () Addition
Name: LEE, NATASHA
Address: 437 SE 47 TERRACE
City-St-Zip: GAINESVILLE, FL 32641

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: NATASHA LEE

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date