2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N00000006862

Entity Name: LAKE GRIFFIN ESTATES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

107 N LINE DR
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3694184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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: PD ( ) Delete
Name: BURROUGHS, DAN
Address: 492 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: 1VPD ( ) Delete
Name: KENNEDY, SHARON L
Address: 333 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: 2VPD ( ) Delete
Name: MARQUETTE, JESSE
Address: 219 SAVANNAH PARK LOOP
City-St-Zip: CASSELBERRY, FL 32707 US

Title: TD ( ) Delete
Name: CLINE, BRIAN
Address: 309 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: SD ( ) Delete
Name: BERGEY, DON
Address: 207 SAVANNAH PARK LOOP
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HELM, AL
Address: 119 SAVANNAH PARK LOOP
City-St-Zip: CASSELBERRY, FL 32707 US

Title: 1VPD (X) Change ( ) Addition
Name: PRATT, RICHARD
Address: 477 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707 US

Title: 2VPD (X) Change ( ) Addition
Name: FOGLE, DEBORAH
Address: 305 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707 US

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: AL HELM PD 04/09/2009

Electronic Signature of Signing Officer or Director Date