

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006862

FILED  
Apr 05, 2010  
Secretary of State

**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  
Name: MASI, PHILLIP  
Address: 433 MISTY OAKS RUN  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VPD  
Name: HELM, MARTHA  
Address: 119 SAVANNAH PARK LOOP  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: STD  
Name: BERGY, DON  
Address: 207 SAVANNAH PARK LOOP  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: D  
Name: BUCKMAN, JERRY  
Address: 387 MISTY OAKS RUN  
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby 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 all other like empowered.

**SIGNATURE:** PHILLIP MASI

PD

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date