

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006862

**FILED**  
**Apr 06, 2012**  
**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:**

107 N. LINE DR  
APOPKA, FL 32703 US

**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: STROUT, DAVID  
Address: 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: VPD  
Name: FAUST, LESLIE  
Address: 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: VP2  
Name: BEHLING, JOHN  
Address: 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: SD  
Name: HILL, RENEE  
Address: 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: D  
Name: BERGEY, DON  
Address: 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 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: DAVID STROUT

PD

04/06/2012

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

\_\_\_\_\_  
Date