

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000580

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: LAKE SAPHIRE ESTATES AND LAKE THOMAS ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

908 LAKE THOMAS LANE  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

911 LAKE THOMAS LANE  
LUTZ, FL 33548

**New Mailing Address:**

FEI Number: 32-0037414      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, CINDI  
911 LAKE THOMAS LANE  
LUTZ, FL 33548      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: JARAMILLO, IVAN  
Address: 908 LAKE THOMAS LANE  
City-St-Zip: LUTZ, FL 33548

Title: VD ( ) Delete  
Name: WILLIAMS, PAM  
Address: 906 LAKE SAPHIRE LANE  
City-St-Zip: LUTZ, FL 33548

Title: TD ( ) Delete  
Name: GARCIA, CINDI  
Address: 911 LAKE THOMAS LANE  
City-St-Zip: LUTZ, FL 33548

Title: SD ( ) Delete  
Name: BRAYTON, ELLEN  
Address: 917 LAKE SAPHIRE LANE  
City-St-Zip: LUTZ, FL 33548

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: WILLIAMS, PAM  
Address: 906 LAKE SAPHIRE LANE  
City-St-Zip: LUTZ, FL 33548

Title: VP (X) Change ( ) Addition  
Name: PAYNE, GARY  
Address: 912 LAKE THOMAS LANE  
City-St-Zip: LUTZ, FL 33548

Title: TRES (X) Change ( ) Addition  
Name: GARCIA, CINDI  
Address: 911 LAKE THOMAS LANE  
City-St-Zip: LUTZ, FL 33548

Title: SEC (X) Change ( ) Addition  
Name: BRAYTON, ELLEN  
Address: 917 LAKE SAPHIRE LANE  
City-St-Zip: LUTZ, FL 33548

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: CINDI GARCIA

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

TRES

01/26/2009

\_\_\_\_\_  
Date