

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000598

FILED
Apr 22, 2009
Secretary of State

Entity Name: LAKERIDGE FALLS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4200 LAKERIDGE BVLVD
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

2477 STICKNEY POINT RD
SUITE 118A
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 04-3636651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMERLING, WALTER
ARGUS PROPERTY MANAGEMENT, INC
2477 STICKNEY POINT RD SUITE 118A
SARASOTA, FL 34231 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: S () Delete
Name: WARE, VELMA
Address: 8171 STIRLING FALLS CIRCLE
City-St-Zip: SARASOTA, FL 34243

Title: T () Delete
Name: STUART, KEENAN
Address: 4107 MACKAY FALLS TERR.
City-St-Zip: SARASOTA, FL 34243

Title: S () Delete
Name: HALL, CHUCK
Address: 4242 MACKAY FALLS TERR
City-St-Zip: SARASOTA, FL 34243

Title: VP () Delete
Name: GLEDHILL, DAVE
Address: 4269 MACKAY FALLS TERR
City-St-Zip: SARASOTA, FL 34243

Title: P () Delete
Name: YOUNG, GROVER
Address: 8118 STIRLING FALLS CIR
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WARE, VELMA
Address: 8171 STIRLING FALLS CIRCLE
City-St-Zip: SARASOTA, FL 34243

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

Title: VP (X) Change () Addition
Name: HALL, CLARENCE M
Address: 4242 MACKAY FALLS TERR
City-St-Zip: SARASOTA, FL 34243

Title: S (X) Change () Addition
Name: DORN, ALICE
Address: 8163 STIRLING FALLS CIRCLE
City-St-Zip: SARASOTA, FL 34243

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: GROVER YOUNG

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date