

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001519

FILED
Apr 09, 2009
Secretary of State

Entity Name: COLLEGE PARK HOME OWNERS ASSOCIATION OF L.W., INC.

Current Principal Place of Business:

162 N. CENTRAL DRIVE
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

162 N. CENTRAL DRIVE
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 59-3697510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COATS, CORA
162 N. CENTRAL DRIVE
LAKE WALES, FL 33859 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: VD () Delete
Name: HAMILTON, BETTY
Address: 133 NORTH CENTRAL DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: PD () Delete
Name: WALKER, MARLIN
Address: 130 NORTH CENTRAL DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: SD () Delete
Name: RODKOVSKY, PAUL
Address: 134 SOUTH DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: TD () Delete
Name: COATS, CORA
Address: 162 NORTH CENTRAL DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: D () Delete
Name: WILSON, DAVID
Address: 125 NORTH CENTRAL DR
City-St-Zip: LAKE WALES, FL 33859

Title: D () Delete
Name: SMITH, OTIS
Address: 114 NORTH DRIVE
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BOJKOVSKY, PAUL
Address: 134 SOUTH DRIVE
City-St-Zip: LAKE WALES, FL 33859

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

Title: SD (X) Change () Addition
Name: BOJKOVSKY, BETHANY
Address: 134 SOUTH DRIVE
City-St-Zip: LAKE WALES, FL 33859

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

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

Title: D (X) Change () Addition
Name: CLARK, BILL
Address: 141 NORTH CENTRAL DRIVE
City-St-Zip: LAKE WALES, FL 33859

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: CORA COATS

TD

04/09/2009

Electronic Signature of Signing Officer or Director

Date