2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N01000006001

Entity Name: LUKAS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

LUKAS ESTATES
ORLANDO, FL 32820

New Principal Place of Business:

Current Mailing Address:

PO BOX 622974
OVIEDO, FL 32762

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUERRA, CAROL
3332 LUKAS COVE
ORLANDO, FL 32820 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:	D	( ) Delete
Name:	WIGHTMAN, ANNE	
Address:	3344 LUKAS COVE	
City-St-Zip:	ORLANDO, FL 32820	
Title:	D	( ) Delete
Name:	GUERRA, CAROL	
Address:	3332 LUKAS COVE	
City-St-Zip:	ORLANDO, FL 32820	
Title:	D	(X) Delete
Name:	PORTA, PETE	
Address:	3338 LUKAS COVE	
City-St-Zip:	ORLANDO, FL 32820	
Title:	D	( ) Delete
Name:	LONG, TRIP	
Address:	3380 LUKAS COVE	
City-St-Zip:	ORLANDO, FL 32820	
Title:	D	( ) Delete
Name:	PETROW, EDDIE	
Address:	17333 JONATHAN LUKAS COURT	
City-St-Zip:	ORLANDO, FL 32820	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CAROL GUERRA D 03/22/2009

Electronic Signature of Signing Officer or Director — Date