

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007136

FILED
Apr 16, 2009
Secretary of State

Entity Name: LAKE SAUNDERS POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1613 LAKE VILLA DRIVE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

1613 LAKE VILLA DRIVE
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3748753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGRATH, PETER R ESQ.
801 N MAGNOLIA AVE STE 317
ORLANDO, FL 32803 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: P () Delete
Name: REBERT, ROBERT
Address: 1613 LAKE VILLA DRIVE
City-St-Zip: TAVARES, FL 32778

Title: VP () Delete
Name: SIMS, DAVID
Address: 1613 LAKE VILLA DRIVE
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: EVERSON, DEBBIE
Address: 1613 LAKE VILLA DRIVE
City-St-Zip: TAVARES, FL 32778

Title: S () Delete
Name: JONES, MARILYN
Address: 1613 LAKE VILLA DRIVE
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: LARAMEE, SYLVIA
Address: 1613 LAKE VILLA DRIVE
City-St-Zip: TAVARES, FL 32778

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: S (X) Change () Addition
Name: VITTA, MICHAEL
Address: 1613 LAKE VILLA DRIVE
City-St-Zip: TAVARES, FL 32778

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: DEBBIE EVERSON

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date