

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007259

FILED
Apr 29, 2009
Secretary of State

Entity Name: LAKE LUCY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8325 LAINIE LANE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 682105
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 04-3700656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUNTAIN, FRANK
8325 LAINIE LANE
ORLANDO, FL 32818 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: SHARON, THOMAS
Address: 8421 LAINIE LANE
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: BASSA, RENE
Address: 8432 LAINIE LANE
City-St-Zip: ORLANDO, FL 32818

Title: TD () Delete
Name: FOUNTAIN, FRANK C
Address: 8325 LAINIE LANE
City-St-Zip: ORLANDO, FL 32818

Title: VP () Delete
Name: WATERS, SONYA
Address: 8415 LAINIE LANE
City-St-Zip: ORLANDO, FL 32818

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SHARON, THOMAS
Address: 8421 LAINIE LANE
City-St-Zip: ORLANDO, FL 32818

Title: S (X) Change () Addition
Name: DEBRA, DELANEY
Address: 8426 LAINIE LANE
City-St-Zip: ORLANDO, FL 32818

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

Title: P (X) Change () Addition
Name: WATERS, SONYA
Address: 8415 LAINIE LANE
City-St-Zip: ORLANDO, FL 32818

Title: ARB () Change (X) Addition
Name: GARY, BASSA
Address: 8432 LAINIE LANE
City-St-Zip: ORLANDO, FL 32818

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: FRANK FOUNTAIN

TD

04/29/2009

Electronic Signature of Signing Officer or Director

Date