

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01827

FILED
Aug 04, 2009
Secretary of State

Entity Name: LAKE MINNEOLA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

650 WEST OSCEOLA STREET
CLERMONT, FL 34711

New Principal Place of Business:

644 W OSCEOLA ST
CLERMONT, FL 34711 US

Current Mailing Address:

P.O. BOX 120533
CLERMONT, FL 34712

New Mailing Address:

P.O. BOX 120533
CLERMONT, FL 34712 US

FEI Number: 59-2895534 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GINN, DOROTHY
650 WEST OSCEOLA STREET
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

WILLIAMS, CECILIA R
644 W OSCEOLA ST
CLERMONT, FL 34711 US

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: CECILIA R WILLIAMS

08/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: CRAWLEY, MURRY
Address: 656 W OSCEOLA ST
City-St-Zip: CLERMONT, FL 34711

Title: DST (X) Delete
Name: GINN, DOROTHY P
Address: 650 WEST OSCEOLA ST
City-St-Zip: CLERMONT, FL 34711

Title: DP (X) Delete
Name: SCHOLBE, JACK
Address: 674 W OSCEOLA ST
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GROGAN, MICHAEL D
Address: 686 W OSCEOLA ST
City-St-Zip: CLERMONT, FL 34711 US

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: MICHAEL D GROGAN

P

08/04/2009

Electronic Signature of Signing Officer or Director

Date