

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001132

FILED
Feb 19, 2009
Secretary of State

Entity Name: LOTTIE FARMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1826 SOUTHWEST STATE ROAD 47
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1733
LAKE CITY, FL 320561733

New Mailing Address:

FEI Number: 43-1949890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLARD, AUDREY S
1826 SOUTHWEST STATE ROAD 47
LAKE CITY, FL 32025 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: BULLARD, AUDREY S
Address: 1826 SW SR 47
City-St-Zip: LAKE CITY, FL 32025

Title: DS () Delete
Name: HANOVER, HOLLY
Address: P.O. BOX 3176
City-St-Zip: LAKE CITY, FL 32056

Title: D () Delete
Name: BULLARD, CHRIS A
Address: 1826 SOUTHWEST STATE ROAD 47
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BULLARD, AUDREY S
Address: 1826 SW SR 47
City-St-Zip: LAKE CITY, FL 32025

Title: DST (X) Change () Addition
Name: HANOVER, HOLLY
Address: P.O. BOX 3176
City-St-Zip: LAKE CITY, FL 32056

Title: DV (X) Change () Addition
Name: BULLARD, CHRIS A
Address: 1826 SOUTHWEST STATE ROAD 47
City-St-Zip: LAKE CITY, FL 32025

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: AUDREY S BULLARD

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date