

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

DOCUMENT# N02000002171

**Entity Name:** LAKE HELEN VILLA MANUFACTURED HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

135 MAPLE LANE  
LAKE HELEN, FL 32744

**New Principal Place of Business:**

**Current Mailing Address:**

135 MAPLE LANE  
LAKE HELEN, FL 32744

**New Mailing Address:**

**FEI Number:** 03-0398971      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAGE, DUDLEY  
129 MAPLE LANE  
LAKE HELEN, FL 32744      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: V      ( ) Delete  
Name: MANZEZ, ROBERT  
Address: 117 HICKORY LANE  
City-St-Zip: LAKE HELEN, FL 32744

Title: T      ( ) Delete  
Name: SAGE, DUDLEY  
Address: 124 MAPLE LANE  
City-St-Zip: LAKE HELEN, FL 32744

Title: D      ( ) Delete  
Name: VARONE, ANNA  
Address: 137 BIRCH LN  
City-St-Zip: LAKE HELEN, FL 32744

Title: D      ( ) Delete  
Name: MARASCO, ELIZABETH  
Address: 123 OAK LN  
City-St-Zip: LAKE HELEN, FL 32744

Title: SD      ( ) Delete  
Name: SULLIVAN, ED  
Address: 110 CYPRESS CIR  
City-St-Zip: LAKE HELEN, FL 32744

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

**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:

Title: PD      ( ) Change (X) Addition  
Name: RUDY, MIKE  
Address: 128 CHESTNUT  
City-St-Zip: LAKE HELEN, FL 32744

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: DUDLEY SAGE

T

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date