

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

**FILED  
Mar 24, 2009  
Secretary of State**

DOCUMENT# N02000002416

**Entity Name:** LAKE FOREST FARMS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

633 N.W. 8TH AVENUE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

633 N.W. 8TH AVENUE  
GAINESVILLE, FL 32601

**New Mailing Address:**

FEI Number: 02-0618419      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DESUE, BRIDGET  
153 NE 45TH TERRACE  
GAINESVILLE, FL 32641      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: PD      ( ) Delete  
Name: DESUE, BRIDGET  
Address: 153 NE 45TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: VD      ( ) Delete  
Name: SHUPAK, KEVIN  
Address: 319 NE 45TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: SD      ( ) Delete  
Name: BIANCHI, GEORGIA  
Address: 261 NE 46TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

**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:

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: BRIDGET DESUE

PD

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date