2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N02000006615

Entity Name: LOST LAKE GLEN HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

936 SAZA RUN
CASSELBERRY, FL 32707

New Principal Place of Business:

905 SAZA RUN
CASSELBERRY, FL 32707

Current Mailing Address:

PO BOX 181817
CASSELBERRY, FL 32718

New Mailing Address:

905 SAZA RUN
CASSELBERRY, FL 32707

FEI Number: 06-1645987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERBER, BERT
936 SAZA RUN
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

AQUINO, JANE
905 SAZA RUN
CASSELBERRY, FL 32707 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: JANE AQUINO 02/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORGAN, DAVE
Address: 912 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Delete
Name: HEATON, OSSIE
Address: 913 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

Title: SD ( ) Delete
Name: CATALANO, JANE
Address: 905 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete
Name: TORRES, DAVID
Address: 924 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: RAUTENSTRAUCH, PETER
Address: 908 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: AQUINO, JANE
Address: 905 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

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: JANE AQUINO SD 02/09/2009
Electronic Signature of Signing Officer or Director Date