

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006615

FILED
Feb 18, 2010
Secretary of State

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

Current Principal Place of Business:

905 SAZA RUN
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

905 SAZA RUN
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 06-1645987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AQUINO, JANE
905 SAZA RUN
CASSELBERRY, FL 32707 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: P
Name: MORGAN, DAVE
Address: 912 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

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

Title: SD
Name: AQUINO, JANE
Address: 905 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

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

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

Title: D
Name: GERBER, BERT
Address: 936 SAZA RUN
City-St-Zip: CASSELBERRY, FL 32707

I hereby 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 all other like empowered.

SIGNATURE: JANE AQUINO

DIR

02/18/2010

Electronic Signature of Signing Officer or Director

Date