

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007049

FILED
Feb 25, 2009
Secretary of State

Entity Name: EAST LAKE RESERVE AT NARCOOSSEE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2884 S OSCEOLA AVE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

2884 S OSCEOLA AVE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 02-0655436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORLD OF HOMES
2884 S. OSCEOLA AVE.
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

FERDINANDSEN ENTERPRISES
DBA WORLD OF HOMES
2884 S. OSCEOLA AVE
ORLANDO, FL 32806 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: VICKI DIAZ

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QUINN, DANNY
Address: 4820 E LAKE RESERVE BLVD
City-St-Zip: SAINT CLOUD, FL 34771

Title: SD () Delete
Name: BENNETT, ROB
Address: 4912 RAYLENE WAY
City-St-Zip: SAINT CLOUD, FL 34771

Title: VPD () Delete
Name: HOWARD, WALT
Address: 4864 CALASANS AVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: D () Delete
Name: BRITTING, BOB
Address: 404 SAMANTHA KAY CT
City-St-Zip: SAINT CLOUD, FL 34771

Title: D () Delete
Name: STOLIKER, BOB
Address: 4875 COLASANS AVE
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: QUINN, DANNY
Address: 4852 CALASANS AVE
City-St-Zip: SAINT CLOUD, FL 34771

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

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

Title: D (X) Change () Addition
Name: BRITTING, BOB
Address: 404 SAMANTHA K CT
City-St-Zip: SAINT CLOUD, FL 34771

Title: D (X) Change () Addition
Name: STOLIKER, TOM
Address: 4875 CALASANS AVE
City-St-Zip: SAINT CLOUD, FL 34771

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: ROB BENNETT

SD

02/25/2009

Electronic Signature of Signing Officer or Director

Date