2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# N03000000708

Entity Name: LAKE DAVIS CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

741 S. MILLS AVE
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

741 S. MILLS AVE
ORLANDO, FL 32801 US

New Mailing Address:

4720 CENTER BLVD
APT 217
LONG ISLAND CITY, NY 11109 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, SAMUEL
741 S. MILLS AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

JONES, SAMUEL W MR
743 SOUTH MILLS AVE
ORLANDO, FL 32801 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: SAMUEL JONES 05/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: JONES, SAMUEL
Address: 741 S. MILLS AVENUE
City-St-Zip: ORLANDO, FL 32801 US

Title: D/VP ( ) Delete
Name: WILLOUGHBY, JAMES
Address: 741 S. MILLS AVENUE
City-St-Zip: ORLANDO, FL 32801 US

Title: D/ST ( ) Delete
Name: WILLOUGHBY, JAMES
Address: 741 S. MILLS AVENUE
City-St-Zip: ORLANDO, FL 32801 US

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: SAMUEL JONES MR 05/12/2009
Electronic Signature of Signing Officer or Director Date