

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001422

FILED
Jan 19, 2009
Secretary of State

Entity Name: LAKE GERTRUDE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

308 E 5 AVE
MT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

308 E 5 AVE
MT DORA, FL 32757

New Mailing Address:

FEI Number: 57-1155173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTTER, DEL G
308 E 5 AVE
MT DORA, FL 32757 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 () Delete
Name: PILLOW, MICHELLE
Address: 1811 OVERBROOK
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete
Name: WILLIAMS, BRITT
Address: 1180 OLD EUSTIS RD.
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete
Name: WARD, GARY
Address: 1676 SYLVAN PT. DR
City-St-Zip: MOUNT DORA, FL 32757

Title: T () Delete
Name: HERNDON, ROBERT H
Address: 1545 HEIM RD.
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: MEALY, BARBARA
Address: 922 OLD EUSTIS RD
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YOUNGS, TOM
Address: 1450 RAIN TREE
City-St-Zip: MOUNT DORA, FL 32757

Title: VP (X) Change () Addition
Name: SEABROOK, EDWARD
Address: 2101 OVERLOOK
City-St-Zip: MOUNT DORA, FL 32757

Title: S (X) Change () Addition
Name: GUENTHER, ANN
Address: 2055 OVERLOOK
City-St-Zip: MOUNT DORA, FL 32757

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

Title: D (X) Change () Addition
Name: TURNER, DAWN
Address: OVERLOOK
City-St-Zip: MOUNT DORA, FL 32757

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: ROBERT HERNDON

TREA

01/19/2009

Electronic Signature of Signing Officer or Director

Date