

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 29, 2009
Secretary of State

DOCUMENT# N03000003778

Entity Name: LANCEFORD HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**96056 DOWLING DRIVE
YULEE, FL 32907**New Principal Place of Business:**96199 GRAVEL CREEK DRIVE
YULEE, FL 32097**Current Mailing Address:**PO BOX 15254
FERNANDIAN, FL 32035**New Mailing Address:**PO BOX 15254
FERNANDINA BEACH, FL 32035**FEI Number:** 20-0295496**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GAINES, CLIFF P
96056 DOWLING DRIVE
YULEE, FL 32097 US**Name and Address of New Registered Agent:**SUMMERLIN, ANGELA
96199 GRAVEL CREEK DRIVE
YULEE, FL 32097 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: ANGELA SUMMERLIN

07/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAINES, CLIFF
Address: 96056 DOWLING DRIVE
City-St-Zip: YULEE, FL 32097

Title: VP () Delete
Name: VARRASSE, RAY
Address: 96133 GRAVEL CREEK DRIVE
City-St-Zip: YULEE, FL 32097

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SUMMERLIN, ANGELA
Address: 96199 GRAVEL CREEK DRIVE
City-St-Zip: YULEE, FL 32097

Title: VP (X) Change () Addition
Name: FRAME, TOMMY N
Address: 96153 GRAVEL CREEK DRIVE
City-St-Zip: YULEE, FL 32097

Title: SEC () Change (X) Addition
Name: LOPER, JAMES
Address: 96232 DOWLING DRIVE
City-St-Zip: YULEE, FL 32097

Title: TREA () Change (X) Addition
Name: KEAY, ANNA
Address: 96017 SAILWIND WAY
City-St-Zip: YULEE, FL 32097

Title: DIR () Change (X) Addition
Name: SUTTON, MICHAEL
Address: 96016 SAILWIND WAY
City-St-Zip: YULEE, FL 32097

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: ANGELA SUMMERLIN

PRES

07/29/2009

Electronic Signature of Signing Officer or Director

Date