

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003978

FILED
Feb 13, 2009
Secretary of State

Entity Name: FORTUNE LAKES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O WORLD OF HOMES
2884 S OSCEOLA AVE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

C/O WORLD OF HOMES
2884 S OSCEOLA AVE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 36-4549929

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:

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: GUINTANA, ROSE
Address: 2607 GOLD DUST CIR
City-St-Zip: KISSIMMEE, FL 34744

Title: ST () Delete
Name: PACHECO, EVELYN
Address: 2623 GOLD DUST CIR
City-St-Zip: KISSIMMEE, FL 34744

Title: VP () Delete
Name: AMBROSIO, LISA
Address: 2648 GOLD DUST CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: HANNEKEN, TOM
Address: 1115 PROSPERITY AVE.
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: HARTBERGER, VIRGINIA
Address: 2667 GOLD DUST CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUINTANA, ROSE
Address: 2607 GOLD DUST CIR
City-St-Zip: KISSIMMEE, FL 34744

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

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: GWYN LLANA

MGR.

02/13/2009

Electronic Signature of Signing Officer or Director

Date