

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007683

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** LOST RIVER HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

955 SE FEDERAL HWY 202  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

955 SE FEDERAL HWY 202  
STUART, FL 34994 US

**New Mailing Address:**

**FEI Number:** 90-0226629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS, EARLE & BONAU  
759 SE FED. HWY  
STUART, FL 34994 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: DP ( ) Delete  
Name: BILL, NATALIE  
Address: 907 SW LOST RIVER SHORE DR  
City-St-Zip: STUART, FL 34997

Title: DV ( ) Delete  
Name: RILEY, MARK  
Address: 7220 SW HARBOR COVE DR  
City-St-Zip: STUART, FL 34997

Title: STD ( ) Delete  
Name: IASIG, LUCINDA  
Address: 903 SW LOST RIVER SHORE DR  
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete  
Name: CONNORS, THOMAS  
Address: 763 SW RIVER BAND DR  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: BIGGS, JEFFRY  
Address: 540 SW YACHT BASIN WAY  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: STD (X) Change ( ) Addition  
Name: FASIG, LUCINDA  
Address: 903 SW LOST RIVER SHORE DR  
City-St-Zip: STUART, FL 34997

Title: TD (X) Change ( ) Addition  
Name: RABINOWITZ, SCOTT  
Address: 640 SW YACHT BASIN WAY  
City-St-Zip: STUART, FL 34997

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: BILL NATALIE

DP

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date