

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007683

FILED
Apr 20, 2011
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 & BONAUE
759 SE FED. HWY
STUART, FL 34994 US

Name and Address of New Registered Agent:

ROSS, EARLE & BONAUE
789 SE FED. HWY
SUITE 101
STUART, FL 34994 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:

04/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: BILL, NATALIE
Address: 907 SW LOST RIVER SHORE DR
City-St-Zip: STUART, FL 34997

Title: DVP
Name: RILEY, MARK
Address: 7220 SW HARBOR COVE DR
City-St-Zip: STUART, FL 34997

Title: D
Name: KIRIAZIS, GUS
Address: 771 SW RIVER BEND CIRCLE
City-St-Zip: STUART, FL 34997

Title: TD
Name: LARRY, BARTLETT
Address: 419 SW LOST RIVER ROAD
City-St-Zip: STUART, FL 34997

Title: SD
Name: RICHARDS, ROBERT
Address: 347 SW LOST RIVER ROAD
City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: BILL NATALIE

PD

04/20/2011

Electronic Signature of Signing Officer or Director

Date