

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003483

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: LYNNWOOD COMMUNITY ASSOCIATION, INC.

## Current Principal Place of Business:

575 S. WICKHAM RD.  
WEST MELBOURNE, FL 32904

## New Principal Place of Business:

575 S. WICKHAM RD.  
SUITE E  
WEST MELBOURNE, FL 32904

## Current Mailing Address:

575 S. WICKHAM RD.  
WEST MELBOURNE, FL 32904

## New Mailing Address:

575 S. WICKHAM RD.  
SUITE E  
WEST MELBOURNE, FL 32904

FEI Number: 20-0965350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, COY A  
575 S. WICKHAM RD.  
WEST MELBOURNE, FL 32904 US

## Name and Address of New Registered Agent:

CLARK, COY A  
575 S WICKHAM RD  
SUITE E  
WEST MELBOURNE, FL 32904 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: COY A CLARK

01/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CLARK, COY A  
Address: 575 S. WICKHAM RD.  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: TD ( ) Delete  
Name: CLARK, HAILEY  
Address: 575 S. WICKHAM RD  
City-St-Zip: WEST BOURNS, FL 32904

Title: SD ( ) Delete  
Name: MAGUIRE, MICHAEL E  
Address: 575 S. WICKHAM RD  
City-St-Zip: WEST MELBOURNE, FL 32904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: COY A CLARK

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date