

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004590

FILED
Apr 27, 2009
Secretary of State

Entity Name: LAKE HOBBS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

18560 N. DALE MABRY HWY.
LUTZ, FL 33548 US

New Principal Place of Business:

Current Mailing Address:

18560 N. DALE MABRY HWY.
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 20-1222200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTER, J. MEREDITH
18560 N. DALE MABRY HWY.
LUTZ, FL 33548 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: PD () Delete
Name: WESTER, CLINT
Address: 309 LAKE HOBBS ROAD
City-St-Zip: LUTZ, FL 33548

Title: VPD () Delete
Name: FULLER, GEOFF
Address: 19111 CROOKED LANE ROAD
City-St-Zip: LUTZ, FL 33548

Title: STD () Delete
Name: BROWN, HOLLEY
Address: 315 LAKE HOBBS ROAD
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: RIDDICK, JAMES
Address: 19517 DEER LAKE RD
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: GRANTHAM, HELEN
Address: 301 LAKE HOBBS ROAD
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HANBURY, DONALD
Address: 205 LAKE HOBBS ROAD
City-St-Zip: LUTZ, FL 33548

Title: VPD (X) Change () Addition
Name: WESTER, CLINT
Address: 309 LAKE HOBBS ROAD
City-St-Zip: LUTZ, FL 33548

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

Title: D (X) Change () Addition
Name: HANBURY, NANCY
Address: 205 LAKE HOBBS ROAD
City-St-Zip: LUTZ, FL 33548

Title: D (X) Change () Addition
Name: TAYLOR, PAUL
Address: 209 LAKE HOBBS ROAD
City-St-Zip: LUTZ, FL 33548

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: DONALD HANBURY

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date