2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005397

FILED Jan 20, 2009 Secretary of State

Entity Name: LAKE TALIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

24646 STATE RD 54 STE 102 LUTZ, FL 33559

Current Mailing Address: New Mailing Address:

24646 STATE RD 54 STE 102 LUTZ, FL 33559

FEI Number: 20-1919567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CONDOMINIUM ASSOCIATES 24646 STATE RD 54 STE 102 LUTZ, FL 33559 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:

- Flutterin Circulate of Decident Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST () Delete Title: ST (X) Change () Addition Name: COLRY, LAURA Name: COFFEY, LAURA

Address: 600 N. WESTSHORE BLVD., STE 400 Address: 24646 STATE ROAD 54, SUITE 102

City-St-Zip: TAMPA, FL 33609 City-St-Zip: LUTZ, FL 33559

Title: P () Delete Title: P (X) Change () Addition

Name: MANSOUR, MAHDI Name: MANSOUR, MAHDI

Address: 600 N. WESTSHORE BLVD., SUITE 400 Address: 24646 STATE ROAD 54, SUITE 102

City-St-Zip: TAMPA, FL 33609 City-St-Zip: LUTZ, FL 33559

Title: VP () Delete Title: VP (X) Change () Addition

Name: SMITH, JENNIFER Name: SMITH, JENNIFER

Address: 5054 HARTWELL LOOP Address: 24646 STATE ROAD 54, SUITE 102

City-St-Zip: LAND O' LAKES, FL 34638 City-St-Zip: LUTZ, FL 33559

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: JENNIFER SMITH VP 01/20/2009