2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000006343

TI FILED

Mar 01, 2007

Secretary of State

Entity Name: LENA'S WALK HOMEOWNERS ASSOCIATION, INC.

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

330 CROSSING BLVD. 12187-4 BEACH BLVD. SUITE 200 JACKSONVILLE, FL 32246

ORANGE PARK, FL 32073

Current Mailing Address: New Mailing Address:

C/O COMPLETE ASSOC. MNG. 12620-3 BEACH BLVD. P O BOX 65908 #301

ORANGE PARK, FL 32065 JACKSONVILLE, FL 32246

FEI Number: 65-1231973 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:

ENSELL, KURT A

2455 CAMPHORWOOD COURT

ORANGE PARK, FL 32065 US

JARNUTOWSKI, SHERRIE

12620-3 BEACH BLVD. #301

JACKSONVILLE, FL 32246 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: SHERRIE JARNUTOWSKI 03/01/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SPIEGEL, JOHN
 Name:
 COTTRELL, JACQUENTTE

 Address:
 330 CROSSING BLVD. SUITE 200
 Address:
 242 SOUTHERN ROSE DRIVE

City-St-Zip: ORANGE PARK, FL 32073 Address: 242 SOUTHERN ROSE DRIVE

Title: VP () Delete Title: VP/T (X) Change () Addition Name: MORGANTI, ROBERT Name: BEASLEY, DONNA

Address: 330 CROSSING BLVD. SUITE 200 Address: 237 SOUTHERN ROSE DRIVE City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: JACKSONVILLE, FL 32225

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

Name: LIMA, CINDY Name: CLARK, DENISE

Address: 330 CROSSING BLVD. SUITE 200 Address: 320 SOUTHERN ROSE DRIVE City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERRIE JARNUTOWSKI MGN 03/01/2007