

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006555

FILED
Apr 07, 2009
Secretary of State

Entity Name: LAKE SAWYER SOUTH COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 74-3125873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT, INC.
2180 WEST S.R. 434, SUITE 5000
LONGWOOD, FL 32779 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: RENY, JOHN
Address: 2450 MAITLAND CENTER PARKWAY SUITE 301
City-St-Zip: MAITLAND, FL 32751

Title: VPD () Delete
Name: THOMSON, MARK
Address: 2450 MAITLAND CENTER PARKWAY SUITE 301
City-St-Zip: MAITLAND, FL 32751

Title: TSD () Delete
Name: GEHRHARDT, MARY
Address: 2450 MAITLAND CENTER PARKWAY SUITE 301
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: MIHELICH, BRIAN
Address: 3810 NORTHDAL BLVD STE 100
City-St-Zip: TAMPA, FL 33624

Title: TSD (X) Change () Addition
Name: GILMET, LANCE
Address: 2450 MAITLAND CENTER PARKWAY SUITE 301
City-St-Zip: MAITLAND, FL 32751

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: JOHN RENY

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date