

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 06, 2009
Secretary of State

DOCUMENT# N04000010497

Entity Name: LANCASTER GLEN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**9991 CRK RD
GLEN SAINT MARY, FL 32040 US**New Principal Place of Business:**9682 CREEK ROAD
GLEN SAINT MARY, FL 32040 US**Current Mailing Address:**POB 718
GLEN SAINT MARY, FL 32040 US**New Mailing Address:**9682 CREEK ROAD
GLEN SAINT MARY, FL 32040 US**FEI Number:** 47-0910589**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KUNZI, VICKY
9991 CREEK ROAD
GLEN ST. MARY, FL 32040 US**Name and Address of New Registered Agent:**SCHRAUD, MELISSA A
9682 CREEK ROAD
GLEN ST. MARY, FL 32040 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: MELISSA A SCHRAUD

07/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KUNZI, VICKY
Address: 9991 CREEK ROAD
City-St-Zip: GLEN ST MARY, FL 32040

Title: S () Delete
Name: MCDONALD, STEPHANIE
Address: 9115 SILVER MAPLE RD
City-St-Zip: GLEN ST MARY, FL 32040

Title: D (X) Delete
Name: GRIFFIS, JERRY A
Address: 799 S. 6TH STREET
City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Delete
Name: CARTER, RYKER
Address: 799 S. 6TH STREET
City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Delete
Name: BOWYER, JEFFREY W
Address: 799 S. 6TH STREET
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHRAUD, MELISSA A
Address: 9682 CREEK ROAD
City-St-Zip: GLEN SAINT MARY, FL 32040 US

Title: S (X) Change () Addition
Name: GRAINGER, SUSAN C
Address: 9890 SWEET GUM ROAD
City-St-Zip: GLEN SAINT MARY, FL 32040 US

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: MELISSA A SCHRAUD

P

07/06/2009

Electronic Signature of Signing Officer or Director

Date