

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010503

FILED
Jan 13, 2009
Secretary of State

Entity Name: LAKE DAVIS RESERVE HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

COMMUNITY MANAGEMENT PROFESSIONALS, INC
5401 SOUTH KIRKMAN ROAD SUITE 450
ORLANDO, FL 32819 US

New Principal Place of Business:

5401 S. KIRKMAN ROAD
STE. 450
ORLANDO, FL 32819 US

Current Mailing Address:

COMMUNITY MANAGEMENT PROFESSIONALS, INC
5401 SOUTH KIRKMAN ROAD SUITE 450
ORLANDO, FL 32819 US

New Mailing Address:

5401 S. KIRKMAN ROAD
STE. 450
ORLANDO, FL 32819 US

FEI Number: 20-2709721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS INC
5401 SOUTH KIRKMAN ROAD SUITE 450
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS INC
5401 SOUTH KIRKMAN ROAD
SUITE 450
ORLANDO, FL 32819 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: KAREN SFARA

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARB, A TOM
Address: 7932 WEST SAND LAKE RD, SUITE 300
City-St-Zip: ORLANDO, FL 32819 US

Title: VPD () Delete
Name: JEBILEY, RAQUEL
Address: 7932 WEST SAND LAKE RD, SUITE 300
City-St-Zip: ORLANDO, FL 32819 US

Title: STD () Delete
Name: WHARTON, COLETTE
Address: 7932 WEST SAND LAKE RD, SUITE 300
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHARTON, COLETTE
Address: 7932 W. SAND LAKE ROAD STE. 102
City-St-Zip: ORLANDO, FL 32819 US

Title: D (X) Change () Addition
Name: BRINCKERHOFF, DAVID
Address: 5416 MARLEON DRIVE
City-St-Zip: WINDERMERE, FL 34786 US

Title: D (X) Change () Addition
Name: BRESSAN, RON
Address: 13269 LAKE BRYAN DRIVE
City-St-Zip: ORLANDO, FL 32821 US

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: COLETTE WHARTON

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date