

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04042

FILED
Feb 26, 2009
Secretary of State

Entity Name: LIFE VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 S NOVA RD
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

613 CLOVE LANE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-2239825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEPORE, DONALD
608 CLOVE LANE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

GOLLE, PHILIP
517 SUNNYBROOK CIR EAST
ORMOND BEACH, FL 32174 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: PHILIP GOLLE

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WESLEY, REAGIN
Address: 103 LIFE BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: HENDERSON, MARYANNE
Address: 119 JASMIN DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: SEBBY, MARLENE
Address: 609 ROSEMARY LN
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: DUNCAN, CHARLOTTE
Address: 125 SUNNYBROOK CIRCLE NORTH
City-St-Zip: ORMOND BEACH, FL 32174

Title: DT () Delete
Name: HANSEN, ROSEMARIE
Address: 613 CLOVE LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: PIERWSZA, LOU
Address: 508 SUNNYBROOK CIRCLE WEST
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PHILIP GOLLE

D

02/26/2009

Electronic Signature of Signing Officer or Director

Date