

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000272

FILED
Apr 22, 2009
Secretary of State

Entity Name: MT. OLIVE SHORES NORTH II OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

500 S FLORIDA AVE STE 700
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

500 S FLORIDA AVE STE 700
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 20-2141869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HILL, CRAIG B
500 S FLORIDA AVE STE 800
LAKELAND, FL 33801 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: VP () Delete
Name: LEE, JIM D
Address: 500 S FLORIDA AVENUE, SUITE 700
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: REYNOLDS, WILLIAM C
Address: 500 S FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: MAXWELL, LAWRENCE T
Address: 500 S FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801

Title: AST () Delete
Name: KELLEY, KIM S
Address: 500 S FLORIDA AVENUE, SUITE 700
City-St-Zip: LAKELAND, FL 33801

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:

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: KIM S KELLEY

AST

04/22/2009

Electronic Signature of Signing Officer or Director

Date