

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001630

FILED
Mar 12, 2009
Secretary of State

Entity Name: LAIRD POINT PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5323 MILLENIA LAKES BLVD.
SUITE 300
ORLANDO, FL 32839

New Principal Place of Business:

C/O AIM SERVICES, LLC
12154 DARNESTOWN ROAD #618
GAITHERSBURG, MD 20878

Current Mailing Address:

5323 MILLENIA LAKES BLVD.
SUITE 300
ORLANDO, FL 32839

New Mailing Address:

C/O AIM SERVICES, LLC
12154 DARNESTOWN ROAD #618
GAITHERSBURG, MD 20878

FEI Number: 20-2404130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, JOHN
5323 MILLENIA LAKES BLVD.
SUITE 300
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

AIM SERVICES, LLC
6034 CHESTER AVENUE
SUITE 208
JACKSONVILLE, FL 32217 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: JEANETTE JONES, AGENT FOR LAIRD POINT

03/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARD, ROBERT
Address: 5323 MILLENIA LAKES BLVD., SUITE 300
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: CHAMPION, CLARK
Address: 5323 MILLENIA LAKES BLVD., SUITE 300
City-St-Zip: ORLANDO, FL 32839

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIRE (X) Change () Addition
Name: WEST, ROSE
Address: 5249 STEWART DRIVE
City-St-Zip: PANAMA CITY, FL 32404

Title: DIRE (X) Change () Addition
Name: HAMBY, ERIC
Address: 1244 ARBORBROOKE DRIVE
City-St-Zip: KNOXVILLE, TN 37922

Title: DIRE () Change (X) Addition
Name: HANKINS, JACK
Address: 614 MILLS LANE
City-St-Zip: PANAMA CITY, FL 32404

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: STACI M. GELFOUND, AGENT FOR LAIRD POINT

AGEN

03/12/2009

Electronic Signature of Signing Officer or Director

Date