2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N05000004075

Entity Name: LAKEWOOD RANCH BUSINESS ALLIANCE, INC.

Current Principal Place of Business:

14400 COVENANT WAY
LAKEWOOD RANCH, FL 34202

New Principal Place of Business:

Current Mailing Address:

14400 COVENANT WAY
LAKEWOOD RANCH, FL 34202

New Mailing Address:

FEI Number: 20-2718333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARSONS, ROBIN
14400 COVENANT WAY
LAKEWOOD RANCH, FL 34202 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: CHR ( ) Delete
Name: MARINACCIO, LOU
Address: 14400 COVENANT WAY
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: CHR ( ) Delete
Name: MORGAN, MICHELE
Address: 14400 COVENANT WAY
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: T ( ) Delete
Name: JONES, BARBARA A CPA
Address: 14400 COVENANT WAY
City-St-Zip: LAKEWOOD RANCH, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHR (X) Change ( ) Addition
Name: MORGAN, MICHELE
Address: 14400 COVENANT WAY
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: CHR (X) Change ( ) Addition
Name: SIMMS, MARC
Address: 14400 COVENANT WAY
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: T (X) Change ( ) Addition
Name: STINSON, JOHN
Address: 14400 COVENANT WAY
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: ROBIN PARSONS DIR 03/20/2009

Electronic Signature of Signing Officer or Director — Date