2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2010
Secretary of State

DOCUMENT# N05000004880

Entity Name: LAKE OLGETHORPE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4571 COLONIAL BLVD
SUITE 102
FT MYERS, FL 33966

New Principal Place of Business:

10471 SIX MILE CYPRESS PKWY
SUITE 402
FT MYERS, FL 33966

Current Mailing Address:

4571 COLONIAL BLVD
SUITE 102
FT MYERS, FL 33966

New Mailing Address:

10471 SIX MILE CYPRESS PKWY
SUITE 402
FT MYERS, FL 33966

FEI Number: 20-8708935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLISON, JANET E
4571 COLONIAL BLVD
SUITE 102
FT MYERS, FL 33966 US

Name and Address of New Registered Agent:

ALLISON, JANET E
10471 SIX MILE CYPRESS PKWY
SUITE 402
FT MYERS, FL 33966 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: _____ 03/31/2010
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: ALLISON, JANET E
Address: 10471 SIX MILE CYPRESS PKWY SUITE 402
City-St-Zip: FORT MYERS, FL 33966

Title: D
Name: MOORE, JAMES A
Address: 10471 SIX MILE CYPRESS PKWY SUITE 402
City-St-Zip: FORT MYERS, FL 33966

Title: D
Name: THIBAUT, RANDY
Address: 10471 SIX MILE CYPRESS PKWY SUITE 402
City-St-Zip: FORT MYERS, FL 33966

I hereby 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 all other like empowered.

SIGNATURE: JANET E ALLISON D 03/31/2010
Electronic Signature of Signing Officer or Director — Date