

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006014

FILED
Apr 21, 2008
Secretary of State

Entity Name: LUMSDEN PROPERTY OWNERS MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

201 NORTH FRANKLIN STREET SUITE
SUITE 2000
TAMPA, FL 33602

New Mailing Address:

201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602

FEI Number: 20-2985473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLEN M. MACFARLANE, ESQ
201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MACFARLANE, ELLEN M ESQ.
201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 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: ELLEN M. MACFARLANE

04/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACFARLANE, ELLEN ESQ
Address: 201 NORTH FRANKLIN STREET SUITE 2000
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: BROWN, STEVE
Address: 205 S. HOOVER BLVD SUITE 402
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: FURNESS, KRISTIN
Address: 450 SOUTH ORANGE AVE SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: PANTE, JOSEPH
Address: 5903 FALCONWOOD PL
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: SWANSON, LEODA O
Address: 2424 KENNEDY ST NE
City-St-Zip: MINNEAPOLIS, MN 55413

Title: D () Delete
Name: CHASTAIN, OWEN
Address: P.O. BOX 88908
City-St-Zip: PORT SAINT LUCIE, FL 34988

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: ELLEN M. MACFARLANE

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date