

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006014

FILED  
May 03, 2010  
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 2000  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 20-2985473      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: ELLEN M. MACFARLANE

D

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date