

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009733

FILED
Apr 29, 2008
Secretary of State

Entity Name: LOST LAKE PROFESSIONAL VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-3549355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGMENT INC
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: BEDFORD, CAROLYN
Address: 3434 COLWELL AVE STE 120
City-St-Zip: TAMPA, FL 33614

Title: VPD () Delete
Name: WILSON, CLAY
Address: 3434 COLWELL AVE STE 120
City-St-Zip: TAMPA, FL 33614

Title: SD () Delete
Name: ACHONG, RON
Address: 3180 CITRUS TOWER BLVD #7
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, CLAY
Address: 3434 COLWELL AVE STE 120
City-St-Zip: TAMPA, FL 33614

Title: VPD (X) Change () Addition
Name: LYNETTE, LAURIA
Address: 1682 ORANGE THORPE LN
City-St-Zip: CLERMONT, FL 34711

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: CLAY WILSON

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date