2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N05137

Entity Name: THE PROPERTY OWNERS ASSOCIATION OF LAKE PARKER ESTATES, INC.

Current Principal Place of Business:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2927270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 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: PORRECA, JOHN
Address: 1430 LAKE PARKER DR
City-St-Zip: ODESSA, FL 33556

Title: VPD ( ) Delete
Name: LARKIN, STEVE
Address: 13632 DOWLING LANE
City-St-Zip: ODESSA, FL 33556

Title: S ( ) Delete
Name: ROSS, SHARON
Address: 1529 LAKE PARKER DR
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: RABIN, KIMBERLY
Address: 13705 DOWLING LANE
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: OSBORNE, RICHARD
Address: 13730 MILL PLACE
City-St-Zip: ODESSA, FL 33556

Title: TD ( ) Delete
Name: SAUTER, GINI
Address: 13744 DOWLING LN
City-St-Zip: ODESSA, FL 33556

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: T (X) Change ( ) Addition
Name: SELZER, MIRIAM
Address: 1430 FISHING LAKE DRIVE
City-St-Zip: ODESSA, FL 33556

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: STEVE LARKIN VP 04/21/2009

Electronic Signature of Signing Officer or Director — Date