

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000006

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** LAKE HEINIGER ESTATES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

225 S WESTMONTE DRIVE  
SUITE 3300  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

225 S WESTMONTE DRIVE  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

225 S WESTMONTE DRIVE  
SUITE 3300  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

PO BOX 162147  
ALTAMONTE SPRINGS, FL 327162147

**FEI Number:** 04-3837803

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOMACK, ELLEN R  
225 S WESTMONTE DRIVE  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714 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: LAWSON, BRUCE  
Address: 225 S WESTMONTE DRIVE, SUITE 3300  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD ( ) Delete  
Name: SCHAFRATH, JERRY  
Address: 225 S WESTMONTE DRIVE, SUITE 3300  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD ( ) Delete  
Name: ULLMAN, BECKY  
Address: 225 S WESTMONTE DRIVE, SUITE 3300  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CHRISTENSON, TREY  
Address: 225 S WESTMONTE DRIVE, SUITE 3300  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: TREY CHRISTENSON

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date