

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004468

FILED
Jan 03, 2007
Secretary of State

Entity Name: THE PRESERVE AT LAKE LUCY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2301 LUCIEN WAY SUITE 400
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2301 LUCIEN WAY SUITE 400
MAITLAND, FL 32751

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, PAT
2301 LUCIEN WAY SUITE 400
MAITLAND, FL 32751 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: D () Delete
Name: BONTRAGER, THOMAS
Address: 2301 LUCIEN WAY SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: SHEELER, LAWRENCE
Address: 2301 LUCIEN WAY SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: RIGGS, DEBBIE
Address: 2301 LUCIEN WAY SUITE 400
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BONTRAGER, THOMAS K
Address: 2301 LUCIEN WAY SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: DV (X) Change () Addition
Name: SHEELER, LAWRENCE M
Address: 2301 LUCIEN WAY SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: DST (X) Change () Addition
Name: CHOMA, DEBRA
Address: 2301 LUCIEN WAY SUITE 400
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS K. BONTRAGER

DP

01/03/2007

Electronic Signature of Signing Officer or Director

Date