

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 24, 2008
Secretary of State

DOCUMENT# N06000005500

Entity Name: LAKE CUMMINGS ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**170 E. HAINES BLVD.
LAKE ALFRED, FL 33850 US**New Principal Place of Business:****Current Mailing Address:**170 E. HAINES BLVD.
LAKE ALFRED, FL 33850 US**New Mailing Address:****FEI Number:** 26-0488858**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HAFF, TULA MICHELE ESQUIRE
3399 CYPRESS GARDENS ROAD
SUITE C
WINTER HAVEN, FL 33884 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: PHELPS, THOMAS M SR
Address: 170 E. HAINES BLVD.
City-St-Zip: LAKE ALFRED, FL 33850**Title:** D () Delete
Name: MOORE, TERRY
Address: 170 E. HAINES BLVD.
City-St-Zip: LAKE ALFRED, FL 33850**Title:** D () Delete
Name: HAFF, TULA MICHELE ESQUIRE
Address: 3399 CYPRESS GARDENS RD STE C
City-St-Zip: WINTER HAVEN, FL 33884**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: PHELPS, MIKE
Address: 170 E. HAINES BLVD.
City-St-Zip: LAKE ALFRED, FL 33850

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: TERRY MOORE

D

09/24/2008

Electronic Signature of Signing Officer or Director

Date