

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006627

FILED
Mar 26, 2009
Secretary of State

Entity Name: LAKE FLOY RESTORATION SOCIETY INC.

Current Principal Place of Business:

5107 GLASGOW AVE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5107 GLASGOW AVE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 11-3832698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURO, RALPH
5107 GLASGOW AVE
ORLANDO, FL 32819 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: PRES () Delete
Name: LAURO, RALPH
Address: 5107 GLASGOW AVE
City-St-Zip: ORLANDO, FL 32819

Title: V.P. () Delete
Name: BOKASH, SCOTT
Address: 5015 GLASGOW AVE
City-St-Zip: ORLANDO, FL 32819

Title: SEC () Delete
Name: TREANOR, DANNY
Address: 5151 GLASGOW AVE
City-St-Zip: ORLANDO, FL 32819

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:

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: DANNY TREANOR

SEC

03/26/2009

Electronic Signature of Signing Officer or Director

Date