2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N06000006748

Entity Name: LONESOME PINE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1412 LONESOME PINE LANE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

1412 LONESOME PINE LANE
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

1412 LONESOME PINE LANE
TARPON SPRINGS, FL 34689

New Mailing Address:

1412 LONESOME PINE LANE
TARPON SPRINGS, FL 34689 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GEDERT, CHARLES
1412 LONESOME PINE LANE
TARPON SPRINGS, FL 34689 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: V ( ) Delete
Name: COSTELLO, JIM
Address: 1641 LONESOME PINE LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ST ( ) Delete
Name: GEDERT, CHARLES
Address: 1412 LONESOME PINE LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P ( ) Delete
Name: WARWICK, RICHARD
Address: 1607 LONGSOME PINE LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete
Name: SPENCER, KATHY
Address: 1412 LONESOME PINE LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete
Name: HUBER, BEA
Address: 1412 LONESOME PINE LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete
Name: MERKLE, CHARLIE
Address: 1413 LONESOME PINE LANE
City-St-Zip: TARPON SPRINGS, FL 34689

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: ( ) 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: CHARLES J GEDERT ST 01/17/2009
Electronic Signature of Signing Officer or Director — Date