

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009709

FILED
Jan 13, 2009
Secretary of State

Entity Name: THE VILLAGE ON LAKE RACHARD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

206 N MAIN AVENUE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

206 N MAIN AVENUE
LAKE PLACID, FL 33852

New Mailing Address:

PO BOX 2680
LAKE PLACID, FL 33862

FEI Number: 20-5880520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINO, GREGORY S
515 N FLAGLER DRIVE 17TH FLOOR
WEST PALM BEACH, FL 33401 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: ARNONE, GREGORY L
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

Title: VPD () Delete
Name: KINO, GREGORY S
Address: 515 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TS () Delete
Name: HODGE, LINDA
Address: 206 N MAIN AVENUE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: PEDREY, DONNA
Address: PO BOX 2680
City-St-Zip: LAKE PLACID, FL 33862

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:

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: GREGORY L ARNONE

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date