

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011258

FILED
Apr 22, 2008
Secretary of State

Entity Name: LYNWOOD AT SOUTHMEADOW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

107 N LINE DR
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N LINE DR
APOPKA, FL 32703

New Mailing Address:

FEI Number: 51-0567610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N LINE DR
APOPKA, FL 32703 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: BONTRAGER, THOMAS K
Address: 2301 LUCIEN WAY SUITE 400
City-St-Zip: MAITLAND, FL 32751 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: MAKRANSKY, JAMES
Address: 2301 LUCIEN WAY SUITE 400
City-St-Zip: MAITLAND, FL 32751 US

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 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 BONTRAGER

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date