

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012113

FILED
Jul 07, 2008
Secretary of State

Entity Name: LAKE PLEASANT COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

955 KELLER ROAD, SUITE 1500
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

955 KELLER ROAD, SUITE 1500
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 33-1155060 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VON DRELLE, WAYNE
3993 WEST FIRST STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

FRENCH PROFESSIONAL MANAGEMENT, INC
2803 PONKAN PINES DR.
APOPPKA, FL 32712 US

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: BONNIE E. COLES

07/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GREENAWALT, TOM
Address: 955 KELLER ROAD, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV () Delete
Name: HOWARD, SCOTT
Address: 955 KELLER ROAD, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DST () Delete
Name: DONATO, DOMINICK
Address: 955 KELLER ROAD, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: DONATO, DOMINICK
Address: 955 KELLER ROAD, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DT () Change (X) Addition
Name: COLES, BONNIE E
Address: 2803 PONKAN PINES DR.
City-St-Zip: APOPKA, FL 32712

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: BONNIE E. COLES

DT

07/07/2008

Electronic Signature of Signing Officer or Director

Date