

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012113

FILED
Jan 30, 2009
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:

P O BOX 194
PLYMOUTH, FL 32768 US

FEI Number: 33-1155060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRENCH PROFESSIONAL MANAGEMENT, INC
2803 PONKAN PINES DR.
APOPPKA, FL 32712 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: 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: DS () Delete
Name: DONATO, DOMINICK
Address: 955 KELLER ROAD, SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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: BONNIE E. COLES

DT

01/30/2009

Electronic Signature of Signing Officer or Director

Date