

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012361

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: LAKE BURDEN TOWNHOME ASSOCIATION, INC.

## Current Principal Place of Business:

5955 T.G. LEE BLVD.  
SUITE 300  
ORLANDO, FL 32822 US

## New Principal Place of Business:

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 US

## Current Mailing Address:

5955 T.G. LEE BLVD.  
SUITE 300  
ORLANDO, FL 32822 US

## New Mailing Address:

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 US

FEI Number: 26-0194222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LELAND MANAGEMENT  
5955 T.G. LEE BLVD.  
SUITE 300  
ORLANDO, FL 32822 US

## Name and Address of New Registered Agent:

LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 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:

04/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CAMP, JEREMY  
Address: 9102 SOUTH PARK CENTER LOOP, 2ND FLOOR  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete  
Name: BRINDLEY, JEFF  
Address: 9102 SOUTH PARK CENTER LOOP, 2ND FLOOR  
City-St-Zip: ORLANDO, FL 32819

Title: S/T ( ) Delete  
Name: SPECTOR, SHARLENE  
Address: 9102 SOUTH PARK CENTER LOOP, 2ND FLOOR  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SHOEMAKER, JOHN B  
Address: 61 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32801

Title: VP (X) Change ( ) Addition  
Name: COHENS, ODED  
Address: 61 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32801

Title: S/T (X) Change ( ) Addition  
Name: FANIEL, SYLVIA  
Address: 61 WEST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32801

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: JOHN SHOEMAKER

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date