

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008070

FILED
Apr 17, 2009
Secretary of State

Entity Name: LAKELAND CENTRAL PARK PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10151 DEERWOOD PARK BOULEVARD
BUILDING 100, SUITE 330
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10151 DEERWOOD PARK BOULEVARD
BUILDING 100, SUITE 330
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOENER, JAMES A
10151 DEERWOOD PARK BOULEVARD
BUILDING 100, SUITE 330
JACKSONVILLE, FL 32256 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: STORMES, JEANNE
Address: 10151 DEERWOOD PARK BLVD, BLDG 100 STE 330
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVP () Delete
Name: MARVIN, GLENN
Address: 10151 DEERWOOD PARK BLVD, BLDG 100 STE 330
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVP () Delete
Name: TICKELL, KEITH A
Address: 10151 DEERWOOD PARK BLVD, BLDG 100 STE 330
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPT () Delete
Name: MUHL, JOSEPH JR.
Address: 10151 DEERWOOD PARK BLVD, BLDG 100 STE 330
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: HOENER, JAMES A
Address: 10151 DEERWOOD PARK BLVD, BLDG 100 STE 330
City-St-Zip: JACKSONVILLE, FL 32256

Title: AS () Delete
Name: POSTON, CHRISTY
Address: 10151 DEERWOOD PARK BLVD, BLDG 100 STE 330
City-St-Zip: JACKSONVILLE, FL 32256

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:

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: JAMES A. HOENER

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04/17/2009

Electronic Signature of Signing Officer or Director

Date