2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010999

Entity Name: LAKE LINDEN FRIENDS, INC.

FILED Jul 08, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

27 WINDSOR ISLE DRIVE LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

27 WINDSOR ISLE DRIVE LONGWOOD, FL 32779

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

HANSEN, MARY D
4393 SOUTH RIDGEWOOD AVENUE
SUITE 1
HOUSMAN, GLENN D
27 WINDSOR ISLE
L ONGWOOD FL 32779 U

SUITE 1 LONGWOOD, FL 32779 US PORT ORANGE, FL 32127 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: GLENN HOUSMAN 07/08/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: () Change () Addition

 Name:
 HOUSMAN, GLENN
 Name:

 Address:
 27 WINDSOR ISLE DRIVE
 Address:

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

Name: HIRSCH, JAMES Name: HIRSCH, JAMES

Address: 27 WINDSOR ISLE DRIVE Address: 31 WINDSOR ISLE DRIVE City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

 Name:
 JOHNSON, KRISTI
 Name:
 JOHNSON, KRISTI

 Address:
 27 WINDSOR ISLE DRIVE
 Address:
 3961 MARKHAM WOODS RD

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 LONGWOOD, FL 32779

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: GLENN HOUSMAN PTD 07/08/2008