2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011048

FILED Apr 29, 2009 Secretary of State

Entity Name: LAKE SEMINOLE ASSOCIATION, INC.

	Principal Place of Bu	isiness:	New Principal Place	or Business.	
	RDENIA DR. SSEE, FL 32312				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	RDENIA DR. ISSEE, FL 32312				
FEI Numbei	r: 51-0662048 FEI	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Curren	t Registered Agent:	Name and Address	of New Registered Agent:	
1104 GAR TALLAHA The above	e named entity submit	US ts this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
n the Stat SIGNATU	te of Florida.				
SIGNATO		nature of Registered Age	nt	 Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address:	PCEO () Delete WAITS, THOMAS A 1104 GARDENIA DR. TALLAHASSEE, FL 32		Title: Name: Address: City-St-Zip:	() Change () Addition	
lty-St-∠ip:					
City-St-Zip: Fitle: Name: Address: City-St-Zip:	T () Delete BROCK, BUNNY M 1016 BOXWOOD DR. BAINBRIDGE, GA 398		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Jame: Address: City-St-Zip: Title: Jame: Address:	BROCK, BUNNY M 1016 BOXWOOD DR. BAINBRIDGE, GA 398 S () Delete BINGHAM, FRASIER 215 W. COLLEGE AVE	319 - E., APT. 504	Name: Address:	() Change () Addition () Change () Addition	
Fitle: Name: Address:	BROCK, BUNNY M 1016 BOXWOOD DR. BAINBRIDGE, GA 398 S () Delete BINGHAM, FRASIER 215 W. COLLEGE AVE	3.19 E., APT. 504 2301	Name: Address: City-St-Zip: Title: Name: Address:		
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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: THOMAS A WAITS PCEO 04/29/2009