2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011812

FILED Jun 03, 2008 Secretary of State

Entity Name: VILLAGE AT LAKE LILY PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 480 NORTH ORLANDO AVE SUITE C-222 480 NORTH ORLANDO AVE WINTER PARK, FL 32789 SUITE C-222 WINTER PARK, FL 32789 **Current Mailing Address:** New Mailing Address: 480 NORTH ORLANDO AVE SUITE C-222 480 NORTH ORLANDO AVE WINTER PARK, FL 32789 SUITE C-222 WINTER PARK, FL 32789 FEI Number: 26-2727539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: WOOD, JON C WOOD, JON C 480 NORTH ORLANDO AVE SUITE C-222 480 NORTH ORLANDO AVE WINTER PARK, FL 32789 SUITE C-222 WINTER PARK, FL 32789 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: 06/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LOWE, DEAN C LOWE, DEAN C Name: Name: 480 NORTH ORLANDO AVE SUITE C-222 Address: 5606 SOUTH RICE AVENUE Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: HOUSTON, TX 77081 Title: Title: () Delete () Change () Addition PATTON, E. ALAN Name: Name: Address: 5606 SOUTH RICE AVE Address: City-St-Zip: HOUSTON, TX 77081 City-St-Zip: Title: DVP () Delete Title: () Change () Addition WOOD, JON C Name: Name: 480 NORTH ORLANDO AVE SUITE C-222 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: DVP () Delete Title: () Change () Addition Name: LEVY, STANLEY D Name: Address: 5606 SOUTH RICE AVE Address: City-St-Zip: HOUSTON, TX 77081 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: DEAN C. LOWE ST 06/03/2008