2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07304

Entity Name: LAKE FOREST HOMEOWNER'S ASSOCIATION OF PALM COAST, INC.

Current Principal Place of Business:

P.O. BOX 353644
PALM COAST, FL 321353644

New Principal Place of Business:

7 FLORIDA PARK DRIVE NORTH
PALM COAST, FL 32137

Current Mailing Address:

P.O. BOX 353644
PALM COAST, FL 321353644

New Mailing Address:

FEI Number: 59-2646030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANNON, FRED JR
PALM COAST PROPERTY MGT
7 FLORIDA PARK DRIVE STE C
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

ANNON, FRED JR
SOUTHERN STATES MANAGEMENT GRP
7 FLORIDA PARK DRIVE STE C
PALM COAST, FL 32137 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: FRED ANNON, JR. 04/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD (X) Delete
Name: BRYANT, MERLYN
Address: 15 PICKERING DR
City-St-Zip: PALM COAST, FL 32164

Title: SD ( ) Delete
Name: MARTIN, ANNA
Address: 41 LAKE FOREST PLACE
City-St-Zip: PALM COAST, FL 32137

Title: VPTD ( ) Delete
Name: BEECHER, EDITH
Address: 5 LAKE FOREST PLACE
City-St-Zip: PALM COAST, FL 32137

Title: PD ( ) Delete
Name: HENDERSON, RAY C
Address: 17 FARRADAY LANE
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete
Name: MOGA, MARY
Address: 22 LAKE FOREST COURT
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: MARTIN, ANNA
Address: POST OFFICE BOX 353644
City-St-Zip: PALM COAST, FL 32135

Title: VPTD (X) Change ( ) Addition
Name: BEECHER, EDITH
Address: POST OFFICE BOX 353644
City-St-Zip: PALM COAST, FL 32135

Title: PD (X) Change ( ) Addition
Name: HENDERSON, RAY C
Address: POST OFFICE BOX 353644
City-St-Zip: PALM COAST, FL 32135

Title: D (X) Change ( ) Addition
Name: MOGA, MARY
Address: POST OFFICE BOX 353644
City-St-Zip: PALM COAST, FL 32135

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: RAY HENDERSON PD 04/30/2009
Electronic Signature of Signing Officer or Director — Date