

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002372

FILED
Sep 02, 2009
Secretary of State

Entity Name: LAKE EOLA HEIGHTS HISTORIC NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

229 EAST AMELIA STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

229 EAST AMELIA STREET
ORLANDO, FL 32801

New Mailing Address:

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:

MARTENS, DAVID
229 EAST AMELIA STREET
ORLANDO, FL 32801 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTENS, DAVID
Address: 229 EAST AMELIA STREET
City-St-Zip: ORLANDO, FL 32801

Title: VP () Delete
Name: MORRIS, MARTHA
Address: 647 EAST AMELIA STREET
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: MARTENS, DIANE
Address: 229 EAST AMELIA STREET
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: COX, RAYMOND
Address: 600 EAST AMELIA STREET
City-St-Zip: ORLANDO, FL 32803

Title: BM () Delete
Name: DOWD, JACKIE
Address: 809 EAST HARWOOD AVE
City-St-Zip: ORLANDO, FL 32803

Title: BM () Delete
Name: MAGARIAN, GARY
Address: 808 EAST HARWOOD AVE
City-St-Zip: ORLANDO, FL 32803

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: DAVID MARTENS

P

09/02/2009

Electronic Signature of Signing Officer or Director

Date