

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006614

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** HAMLIN HEIGHTS IRRIGATION ASSOCIATION, INC.

**Current Principal Place of Business:**

1137 EAST PLANT STREET  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

1137 EAST PLANT STREET  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:** 26-3502188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMAN, G DOUGLAS  
1137 EAST PLANT STREET  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

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: D ( ) Delete  
Name: LAMAN, G DOUGLAS  
Address: 1137 EAST PLANT STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: GOMEZ, DOUGLAS  
Address: 1137 EAST PLANT STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: MEHNER, JOHN M  
Address: 1633 GAYLE RIDGE DRIVE  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: MEHNER, JOHN M  
Address: 1645 GAYLE RIDGE DRIVE  
City-St-Zip: APOPKA, FL 32703

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: G. DOUGLAS LAMAN

D

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date