2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N09214

Entity Name: LAKE NALLY WOODS ASSOCIATION, INC.

Current Principal Place of Business:

2325 FARMWOOD CIRCLE
GOTHA, FL 34734 US

New Principal Place of Business:

2317 FARMWOOD CIRCLE
GOTHA, FL 34734 US

Current Mailing Address:

.2325 FARMWOOD CIRCLE
GOTHA, FL 34734 US

New Mailing Address:

2317 FARMWOOD CIRCLE
GOTHA, FL 34734 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDY, MARLOWE
2325 FARMWOOD CIR
GOTHA, FL 34734 US

Name and Address of New Registered Agent:

MOVSHOW, ROBERT D
2325 FARMWOOD CIR
GOTHA, FL 34734 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: ROBERT D MOVSHOW 03/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CRAWFORD, SANDY L
Address: 2309 FARMWOOD CIR.
City-St-Zip: GOTHA, FL 34734

Title: TD ( ) Delete
Name: HARDY, MARLOWE
Address: 2325 FARMWOOD CIR.
City-St-Zip: GOTHA, FL 34734

Title: SD ( ) Delete
Name: MACHUGA, MARK
Address: 2235 LAKE NALLY WOODS DRIVE
City-St-Zip: GOTHA, FL 34734

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: MOVSHOW, ROBERT D
Address: 2317 FARMWOOD CIR.
City-St-Zip: GOTHA, FL 34734

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: ROBERT D MOVSHOW TD 03/26/2009
Electronic Signature of Signing Officer or Director Date