

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09214

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** LAKE NALLY WOODS ASSOCIATION, INC.

**Current Principal Place of Business:**

2317 FARMWOOD CIRCLE  
GOTHA, FL 34734 US

**New Principal Place of Business:**

**Current Mailing Address:**

2317 FARMWOOD CIRCLE  
GOTHA, FL 34734 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MOVSHOW, ROBERT D  
2317 FARMWOOD CIR  
GOTHA, FL 34734 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: PD  
Name: CRAWFORD, SANDY L  
Address: 2309 FARMWOOD CIR.  
City-St-Zip: GOTHA, FL 34734

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D. MOVSHOW

TRES

04/14/2011

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

\_\_\_\_\_  
Date