

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N09409

Entity Name: LAKE MUREX ASSOCIATION, INC.

Current Principal Place of Business:

% D. C. MOEDER
625 LAKE MUREX CIRCLE
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

% D. C. MOEDER
625 LAKE MUREX CIRCLE
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0102011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOEDER, D C
625 LAKE MUREX CIRCLE
SANIBEL, FL 33957 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: DP () Delete
Name: MOEDER, D. C
Address: 625 LAKE MUREX CIR
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: SIMMONS, GLEN R
Address: 3357 TWIN LAKES LANE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: JONES, NANCY
Address: 637 LAKE MUREX CIR
City-St-Zip: SANIBEL, FL 33957

Title: DV () Delete
Name: SARTORIS, BILL
Address: 3181 TWIN LAKES LANE
City-St-Zip: SANIBEL, FL 33957

Title: DS () Delete
Name: KELLY, MARY
Address: 441 LAKE MUREX CIR
City-St-Zip: SANIBEL, FL 33957

Title: DT () Delete
Name: MOEDER, DANIEL
Address: 625 LAKE MUREX CIRCLE
City-St-Zip: SANIBEL, FL 33957

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: DANIEL C. MOEDER

DP

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date