

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09409

FILED
Mar 17, 2011
Secretary of State

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
Name: MOEDER, D. C
Address: 625 LAKE MUREX CIR
City-St-Zip: SANIBEL, FL 33957

Title: DS
Name: DOWNEY, TED
Address: 3251 TWIN LAKES LN
City-St-Zip: SANIBEL, FL 33957

Title: D
Name: DORRITY, NANCY
Address: 617 LAKE MUREX CIR
City-St-Zip: SANIBEL, FL 33957

Title: DT
Name: SARTORIS, WILLIAM L
Address: 3181 TWIN LAKES LN
City-St-Zip: SANIBEL, FL 33957

Title: D
Name: KELLY, MARY
Address: 441 LAKE MUREX CIR
City-St-Zip: SANIBEL, FL 33957

Title: DV
Name: AVERY, PARKE
Address: 3385 TWIN LAKES LN
City-St-Zip: SANIBEL, FL 33957

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: WILLIAM L SARTORIS

DT

03/17/2011

Electronic Signature of Signing Officer or Director

_____ Date