2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# N10370

Entity Name: LAKE DEXTER WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 1405
WINTER HAVEN, FL 33882

New Principal Place of Business:

683 LAKE DEXTER CIRCLE
WINTER HAVEN, FL 33884

Current Mailing Address:

P O BOX 1405
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 59-2583806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARROLL, VALERIE
683 LAKE DEXTER CIRCLE
WINTER HAVEN, FL 33884 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 ( ) Delete
Name: GROMAN, DONALD
Address: 683 LAKE DEXTER CIRCLE
City-St-Zip: WINTER HAVEN, FL

Title: VPD ( ) Delete
Name: BASS, GEORGE
Address: 602 LAKE DEXTER CIRCLE
City-St-Zip: WINTER HAVEN, FL

Title: ST ( ) Delete
Name: CARROLL, VALERIE
Address: 683 LAKE DEXTER CIRCLE
City-St-Zip: WINTER HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GROMAN, DONALD
Address: 683 LAKE DEXTER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD (X) Change ( ) Addition
Name: BASS, GEORGE
Address: 602 LAKE DEXTER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: ST (X) Change ( ) Addition
Name: CARROLL, VALERIE
Address: 683 LAKE DEXTER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

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: DONALD W.GROMAN PRES 02/01/2009

Electronic Signature of Signing Officer or Director — Date