## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N12326

FILED Jan 14, 2009 Secretary of State

Entity Name: LAKELAND HARBOR HOMEOWNERS ASSOCIATION, INC.

| Current Principal Place of Business:        |   |                                  | New Principal Place of Business:            |  |  |
|---|---|----------------------------------|---|--|--|
|   | ELAND HARB<br>D, FL 33805                           | OR BLVD<br>US                    |   |  |  |
| Current N                                   | /lailing Addre                                      | ss:                              | New Mailin                                  | ng Address:  |  |
|   | ELAND HARB<br>D, FL 33805                           | OR BLVD<br>US                    |   |  |  |
| FEI Number                                  | r: 59-2535234                                       | FEI Number Applied For()         | FEI Number Not Appl                         | icable ( ) Certificate of Status Desired ( )   |  |
| Name and                                    | d Address of  | Current Registered Agent:        | Name and                                    | Address of New Registered Agent:   |  |
|   | NICE M<br>ELAND HARB<br>D, FL 33805                 | OR BLVD<br>US                    |   |  |  |
|   | e named entity<br>e of Florida.                     | submits this statement for the p | ourpose of changing it                      | ts registered office or registered agent, or both,   |  |
| SIGNATU                                     | RE:   |                                  |   |  |  |
|   | Electro   | nic Signature of Registered Age  | ent   | Date   |  |
| OFFICER                                     | S AND DIREC   | CTORS:                           | ADDITION                                    | S/CHANGES TO OFFICERS AND DIRECTORS  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P (<br>RICHTER, DO<br>4818 LK HARE<br>LAKELAND, FI  | OR CIRCLE                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VP (<br>MUCHMORE,<br>4851 LK HARE<br>LAKELAND, FI   | OR CIRCL                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>SWANSON, AI<br>4834 LK HARE<br>LAKELAND, FI  | OR CIRCLE                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (<br>MCKEE, JUDY<br>4971 LK HARE<br>LAKELAND, FI  | BOR BLVD                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | T (<br>ANCTIL, RICH.<br>4553 SCHOON<br>LAKELAND, FI | IER AVE                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | T (X) Change ( ) Addition<br>KERSTNER, ERNA<br>4587 LAKELAND HARBOR LOOP<br>LAKELAND, FL 33805 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | BRITTON, EMI  | ND HARBOR BLVD                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition  |  |

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: ERNA KERSTNER T 01/14/2009