2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N14837

Entity Name: LAKE-IN-THE-WOODS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5004 LAKE IN THE WOODS BLVD
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

5004 LAKE IN THE WOODS BLVD
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 59-2675253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOELSCHER, DEBBIE
5025 LAKE IN THE WOODS BLVD
LAKELAND, FL 33813 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:	PISKO, ED	
Address:	5010 LAKE IN THE WOOD BLVD	
City-St-Zip:	LAKELAND, FL 33813	
Title:	SD	( ) Delete
Name:	PHILLIPS, JANE	
Address:	5132 LAKE IN THE WOODS BLVD	
City-St-Zip:	LAKELAND, FL 33813	
Title:	D	( ) Delete
Name:	BOPP, JUDY	
Address:	5149 LAKE-IN-THE-WOODS BLVD	
City-St-Zip:	LAKELAND, FL 33813	
Title:	D	( ) Delete
Name:	TURNER, BARBARA	
Address:	5144 LAKE IN THE WOODS BLVD	
City-St-Zip:	LAKELAND, FL 33813	
Title:	TD	( ) Delete
Name:	HOELSCHER, DEBBIE	
Address:	5025 LAKE IN THE WOODS BLVD	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	HINDLE, CAROL	
Address:	5004 LAKE IN THE WOOD BLVD	
City-St-Zip:	LAKELAND, FL 33813	
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: CAROL HINDLE PD 04/08/2009

Electronic Signature of Signing Officer or Director — Date