

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16401

FILED
Feb 18, 2009
Secretary of State

Entity Name: STAR LAKE FOREST ASSOCIATION, INC.

Current Principal Place of Business:

141 STAR LAKE DR.
HAWTHORNE, FL 32640 US

New Principal Place of Business:

331 STAR LAKE DR
HAWTHORNE, FL 32640 US

Current Mailing Address:

P.O.BOX 2031
HAWTHORNE, FL 326402031

New Mailing Address:

P.O. BOX 2031
HAWTHORNE, FL 326402031

FEI Number: 59-3223583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, RICHARD
102 PAT'S POINT CT.
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

MOORE, BOB
331 STAR LAKE DR
HAWTHORNE, FL 32640 US

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: BOB MOORE

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUGHES, RICHARD
Address: 102 PAT'S POINT CT.
City-St-Zip: HAWTHORNE, FL 32640

Title: VPD () Delete
Name: WERNER, DAVID
Address: 207 RILEY LAKE DR.
City-St-Zip: HAWTHORNE, FL 32640

Title: TD () Delete
Name: BOYER, ED
Address: 171 STAR LAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640

Title: SD () Delete
Name: PRICE, JACK
Address: 101 PATS POINT CT.
City-St-Zip: HAWTHORNE, FL 32640

Title: SD () Delete
Name: ELLIS, PAM
Address: 223 STAR LAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOORE, BOB
Address: 331 STAR LAKE DR
City-St-Zip: HAWTHORNE, FL 32640

Title: VPD (X) Change () Addition
Name: POWELL, DON
Address: 125 STAR LAKE DR.
City-St-Zip: HAWTHORNE, FL 32640

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: BOB MOORE

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date