

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16414

FILED
Jun 24, 2009
Secretary of State

Entity Name: LOVELL TERRACE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

258 LOVELL LANE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

258 LOVELL LANE
APOPKA, FL 32703 US

New Mailing Address:

PO BOX 578
APOPKA, FL 32704 US

FEI Number: 59-2882261 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, PATRICIA
258 LOVELL LANE
APOPKA, FL 32703 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: P () Delete
Name: DAVIS, PATTY
Address: 258 LOVELL LANE
City-St-Zip: APOPKA, FL 32703

Title: VP () Delete
Name: WALTERS, DOUG
Address: 210 LOVELL LANE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: STUBBLEFIELD, LORI
Address: 242 LOVELL LN
City-St-Zip: APOPKA, FL 32703

Title: ST () Delete
Name: BIRON, BARBARA
Address: 230 LOVELL LANE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: FLOYD, ALISON
Address: 237 LOVELL LANE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, PATRICIA A
Address: 258 LOVELL LANE
City-St-Zip: APOPKA, FL 32703

Title: VP (X) Change () Addition
Name: BIRON, BARBARA S
Address: 230 LOVELL LANE
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change () Addition
Name: FUENTES, TRINIDAD
Address: 238 LOVELL LN
City-St-Zip: APOPKA, FL 32703

Title: S/T (X) Change () Addition
Name: FLEMING, LISA M
Address: 210 LOVELL LANE
City-St-Zip: APOPKA, FL 32703

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: LISA FLEMING

TRES

06/24/2009

Electronic Signature of Signing Officer or Director

Date