2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2010
Secretary of State

DOCUMENT# N16414

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:

PO BOX 578
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 59-2882261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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
Name: DAVIS, PATRICIA A
Address: 258 LOVELL LANE
City-St-Zip: APOPKA, FL 32703

Title: VP
Name: MARTINEZ, EDITH S
Address: 217 LOVELL LANE
City-St-Zip: APOPKA, FL 32703

Title: D
Name: STUBBLEFIELD, GERRY
Address: 5146 LOURCEY RD
City-St-Zip: JACKSONVILLE, FL 32257

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

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

Title: D
Name: BIRON, BARBARA
Address: 230 LOVELL LANE
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: LISA FLEMING S/T 02/26/2010

Electronic Signature of Signing Officer or Director Date