

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16414

FILED  
Jan 11, 2012  
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:**

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: S/T  
Name: FLEMING, LISA M  
Address: 210 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

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date