2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18641

FILED Apr 19, 2009 Secretary of State

Entity Name: THE LLOYD TRIPLEX HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5501 GRANADA BLVD. SEBRING, FL 33872 **Current Mailing Address: New Mailing Address:** 4514 BREAM AVE 12206 FOX QUARRY LN SEBRING, FL 33870 US SANFORD, FL 32773 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VALENTINO, FERDINAND 5501 GRANADA BLVD SEBRING, FL 33872 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FERNDINAND, VALENTINO Name: Name: Address: 5505 GRANADA BLVD. Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: Title: () Delete Title: () Change () Addition VALENTINO, FERDINAND Name: Name: Address: 5505 GRANADA BLVD. Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: Title: () Delete Title: () Change () Addition MARIE, VALENTINO JEAN Name: Name: 5501 GRANADA BLVD Address: Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: () Delete Title: SD Title: () Change () Addition VALENTINO, JEAN-MARIE Name: Name: 5501 GRANADA BLVD Address: Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: Title: Title: () Delete () Change () Addition WAGLE, ANAGHA Name: Name: 5503 GRANADA BLVD Address: Address: City-St-Zip: SEBRING, FL 33872 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: ANAGHA WAGLE OD 04/19/2009