

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23750

FILED
Aug 19, 2009
Secretary of State

Entity Name: LAKE GEORGE PINES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

947 OLD OAK CIRCLE
PIERSON, FL 32180

New Principal Place of Business:

Current Mailing Address:

P O BOX 604
PIERSON, FL 32180 US

New Mailing Address:

FEI Number: 59-2958572 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BRADLEY, JAMES SR
947 OLD OAK CIRCLE
PIERSON, FL 32180 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: PD () Delete
Name: BRADLEY, TAHNYA
Address: 947 OLD OAK CIR.
City-St-Zip: PIERSON, FL 32180

Title: V () Delete
Name: SPADE, RANDAL J
Address: 350 OLD BUBBLY RD.
City-St-Zip: PIERSON, FL 32180

Title: STD () Delete
Name: MOFFETT, MARY F
Address: 340 OLD BUBBLY RD.
City-St-Zip: PIERSON, FL 32180

Title: D () Delete
Name: BRADLEY, TAHNYA
Address: 947 OLD OAK CIR
City-St-Zip: PIERSON, FL 32180

Title: D (X) Delete
Name: SPADE, RANDALL J
Address: 350 OLD BUBBLY RD.
City-St-Zip: PIERSON, FL 32180

Title: D (X) Delete
Name: MOFFETT, ROBERT R
Address: 340 OLD BUBBLY RD.
City-St-Zip: PIERSON, FL 32180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MOFFETT, ROBERT R
Address: 340 OLD BUBBLY RD.
City-St-Zip: PIERSON, FL 32180

Title: S (X) Change () Addition
Name: MOFFETT, MARY F
Address: 340 OLD BUBBLY RD.
City-St-Zip: PIERSON, FL 32180

Title: TD (X) Change () Addition
Name: SPADE, RANDALL J
Address: 350 OLD BUBBLY RD.
City-St-Zip: PIERSON, FL 32180

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: RANDALL J SPADE

TD

08/19/2009

Electronic Signature of Signing Officer or Director

Date