

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 15, 2009
Secretary of State

DOCUMENT# N24345

Entity Name: LUTZ LANDINGS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**138 WHITAKER RD
STE A
LUTZ, FL 33549**New Principal Place of Business:****Current Mailing Address:**C/O WISE PROPERTY MGMT
16105 N. FLORIDA A
LUTZ, FL 33549**New Mailing Address:****FEI Number:** 59-2949407 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MEZER, STEVEN
1801 N. HIGHLAND AVE.
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**CONE, JR, THOMAS E
150-A WHITAKER ROAD
LUTZ, FL 33549 US

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: THOMAS E. CONE, JR

05/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: KAUPP, CHARLES W JR
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549**Title:** VPD () Delete
Name: CONE, THOMAS E
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549**Title:** SD () Delete
Name: TEHAN, TIM
Address: 16105 N FLOIRDA #A
City-St-Zip: LUTZ, FL 33549**Title:** TD () Delete
Name: SMITH, BRETT
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549**Title:** DAT (X) Delete
Name: SMITH, RICK
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: SARABIA, GARY
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549**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: CHARLES KAUPP, JR

PRES

05/15/2009

Electronic Signature of Signing Officer or Director

Date