2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N26347

Entity Name: ERIN LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5899 JAMESON DRIVE
NAPLES, FL 34119 US

New Principal Place of Business:

1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

Current Mailing Address:

PO BOX 8478
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0132351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINKLER, NANCY
SAND CASTLE COMMUNITY MANAGEMENT, INC
1719 TRADE CENTER WAY #4
NAPLES, FL 34109 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: ANDREWS, KIRK
Address: 107 ERIN WAY
City-St-Zip: NAPLES, FL 34119

Title: VD ( ) Delete
Name: BOOHER, DELBERT
Address: 90 ERIN WAY
City-St-Zip: NAPLES, FL 34119

Title: SD ( ) Delete
Name: SENCOAL, GEORGE
Address: 5889 JAMERSON DRIVE
City-St-Zip: NAPLES, FL 34119

Title: TD ( ) Delete
Name: SANFORD, SIRKUS
Address: 5841 JAMESON DR
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: ALMOND, ROBERT J
Address: 5820 JAMESON DR
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: BOOHER, DELBERT
Address: 90 ERIN WAY
City-St-Zip: NAPLES, FL 34119

Title: SD (X) Change ( ) Addition
Name: SENECAL, GEORGE
Address: 5889 JAMERSON DRIVE
City-St-Zip: NAPLES, FL 34119

Title: TD (X) Change ( ) Addition
Name: SIRKUS, SANFORD
Address: 5841 JAMESON DRIVE
City-St-Zip: NAPLES, FL 34119

Title: D (X) Change ( ) Addition
Name: GLOVER, GEORGE
Address: 82 ERIN WAY
City-St-Zip: NAPLES, FL 34119

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: KIRK ANDREWS PD 03/04/2009

Electronic Signature of Signing Officer or Director — Date