

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26420

FILED
Jan 07, 2009
Secretary of State

Entity Name: LILY LAKE GOLF & RV RESORT PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

171 LILY CREEK WAY
FROSTPROOF, FL 33843 US

New Principal Place of Business:

Current Mailing Address:

171 LILY CREEK WAY
FROSTPROOF, FL 33843 US

New Mailing Address:

FEI Number: 59-2894702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARBOROUGH, JERRY C.
6603 US 27
FROSTPROOF,, FL 33843 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 () Delete
Name: MILLER, MATT
Address: 363 PINE LOOP
City-St-Zip: FROSTPROOF, FL 33843

Title: VP () Delete
Name: FULMER, DAVID
Address: 487 PAR DR
City-St-Zip: FROSTPROOF, FL 33843

Title: TD () Delete
Name: CHAMBERS, DEBBIE
Address: 659 VILLAGE BLVD
City-St-Zip: FROSTPROOF, FL 33843

Title: SD () Delete
Name: HOLLAND, RONALD
Address: 317 FAIRWAY BLVD
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: KOHNER, ED
Address: 271 PINE LOOP
City-St-Zip: FROSTPROOF, FL 33843

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

Title: D (X) Change () Addition
Name: ECKERLE, MAURY
Address: 635 VILLAGE BLVD.
City-St-Zip: FROSTPROOF, FL 33843

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: MATT MILLER

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date