

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26980

FILED
Mar 22, 2009
Secretary of State

Entity Name: LAKE JEWELL HILLS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

518 JENNIE JEWEL DR
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

518 JENNIE JEWEL DR
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIERHOLZER, EDWARD
518 JENNIE JEWEL DR
ORLANDO, FL 32806 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: D () Delete
Name: BISBEE, JENNIFER
Address: 526 CLAIRE ST
City-St-Zip: ORLANDO, FL 32806

Title: DS () Delete
Name: WOODS, DAVID
Address: 526 JENNIE JEWEL DR.
City-St-Zip: ORLANDO, FL 32806

Title: PD () Delete
Name: HIERHOLZER, ED
Address: 518 JENNIE JEWELL DR
City-St-Zip: ORLANDO, FL 32806

Title: DT () Delete
Name: CANFIELD, JULIE
Address: 502 JENNIE JEWELL DR
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: KELLY, TOM
Address: 525 JENNIE JEWEL DR.
City-St-Zip: ORLANDO, FL 32806

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: () 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: JULIE CANFIELD

TRES

03/22/2009

Electronic Signature of Signing Officer or Director

Date