

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28752

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** LAKE GRACE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8809 WELLESLEY CT  
ODESSA, FL 33556 US

**New Principal Place of Business:**

15613 BEREADRIVE  
ODESSA, FL 33556 US

**Current Mailing Address:**

8809 WELLESLEY CT  
ODESSA, FL 33556 US

**New Mailing Address:**

15613 BEREADRIVE  
ODESSA, FL 33556 US

**FEI Number:** 59-2908606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRANT, LYNN  
8809 WELLESLEY CT  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

KLEIN, DANIEL R  
15608 LAKE GRACE DRIVE  
ODESSA, FL 33556 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: DANIEL R. KLEIN

02/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAZELTON, KIM  
Address: 15613 BEREADRIVE  
City-St-Zip: ODESSA, FL 33556

Title: VP  
Name: DIAZ, MELANIE  
Address: 15614 BEREADRIVE  
City-St-Zip: ODESSA, FL 33556

Title: T  
Name: KLEIN, DANIEL R  
Address: 15608 LAKE GRACE DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: S  
Name: EVANS, MIKE  
Address: 15607 LAKE GRACE DRIVE  
City-St-Zip: ODESSA, FL 33556

I hereby 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 all other like empowered.

SIGNATURE: DANIEL R. KLEIN

T

02/27/2011

Electronic Signature of Signing Officer or Director

Date