

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31589

FILED
Apr 19, 2009
Secretary of State

Entity Name: LAKE DOROTHEA GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8331 ANGELA CT
ZEPHYRHILLS, FL 33541 US

New Principal Place of Business:

Current Mailing Address:

8331 ANGELA CT
ZEPHYRHILLS, FL 33541 US

New Mailing Address:

FEI Number: 59-2959820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRISSELL, CHERYL
8400 JACQUELINE CT
ZEPHYRHILLS, FL 33541 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: VPD () Delete
Name: DEWITT, DAN
Address: 8445 ANGELA CT.
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: TD () Delete
Name: WHEELER, WILLIAM
Address: 8351 JACQUELINE CT
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: AD () Delete
Name: CRISSELL, CHERYL
Address: 8400 JACQUELINE CT
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: SD () Delete
Name: PEEL, SHELBY
Address: 8330 JACQUELINE CT
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: PD () Delete
Name: PFISTER, DORIS
Address: 8402 ANGELA CT
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: ROGERS, KENNETH
Address: 8408 JACQUELINE CT
City-St-Zip: ZEPHYRHILLS, FL 33541

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

Title: SD (X) Change () Addition
Name: BRIGGS, SHARON
Address: 8408 JACQUELINE CT
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: PD (X) Change () Addition
Name: STOVALL, RANDALL H
Address: 8235 ANGELA CT
City-St-Zip: ZEPHYRHILLS, FL 33541

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: RANDALL H STOVALL

PD

04/19/2009

Electronic Signature of Signing Officer or Director

Date