

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34108

FILED
Mar 23, 2009
Secretary of State

Entity Name: LAKE SHORE HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3106 SANDY CIR
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

3106 SANDY CIR
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 65-0035724 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MONTGOMERY, NANCY L
3106 SANDY CIR
HAINES CITY, FL 33844 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: DUDNEY, CAROLINE
Address: 3110 SANDY CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: SWAGGER, CAROLE
Address: 3105 SANDY CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: TD () Delete
Name: POWERS, PAMELA
Address: 3108 SANDY CIR
City-St-Zip: HAINES CITY, FL 33844

Title: SD () Delete
Name: MONTGOMERY, NANCY
Address: 3106 SANDY CIR
City-St-Zip: HAINES CITY, FL 33844

Title: VD () Delete
Name: CARPENTER, PAUL
Address: 3113 SANDY CIR
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARPENTER, PAUL
Address: 3113 SANDY CIRCLE
City-St-Zip: HAINES CITY, FL 33844

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

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

Title: SD (X) Change () Addition
Name: MONTGOMERY, NANCY L
Address: 3106 SANDY CIR
City-St-Zip: HAINES CITY, FL 33844

Title: VD (X) Change () Addition
Name: DUDNEY, CAROLINE
Address: 3110 SANDY CIR
City-St-Zip: HAINES CITY, FL 33844

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: NANCY L. MONTGOMERY

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03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date