

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34589

FILED
Sep 06, 2005
Secretary of State

Entity Name: LAKE LENELLE WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

550 L.ENELLE DR.
CHULUOTA, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 660263
CHULUOTA, FL 32766 US

New Mailing Address:

FEI Number: 59-3015443 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LYONS, PETER M
550 LAKE LENELLE DR
CHULUOTA, FL 32766 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: DT () Delete
Name: LYONS, PETER M
Address: 550 LAKE LENELLE DR.
City-St-Zip: CHULUOTA, FL 32766

Title: DP () Delete
Name: GEAR, TINA
Address: 351 LAKE LENELLE DR.
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: GREATHOUSE, PHIL
Address: 491 LAKE LENELLE DR.
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: CRAIG, BILL
Address: 471 LAKE LENELLE DR.
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: FRANKOS, DENNIS
Address: 490 LAKE LENELLE DR
City-St-Zip: CHULUOTA, FL 32766

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 for the exemption stated in Section 119.07(3)(i), 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: PETER M. LYONS

DT

09/06/2005

Electronic Signature of Signing Officer or Director

Date