

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34589

FILED  
Aug 31, 2010  
Secretary of State

**Entity Name:** LAKE LENELLE WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

550 LENELLE DR  
CHULUOTA, FL 32766 US

**New Principal Place of Business:**

**Current Mailing Address:**

550 LAKE LENELLE DR  
CHULUOTA, FL 32766 US

**New Mailing Address:**

**FEI Number:** 59-3015443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** D  
**Name:** LYONS, PETER M  
**Address:** 550 LAKE LENELLE DR.  
**City-St-Zip:** CHULUOTA, FL 32766

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

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

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

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

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:** PETER M LYONS

D

08/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date