

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35321

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAKE FOREST NORTH HOMEOWNERS ASSOCIATION OF PALM COAST, INC.

Current Principal Place of Business:

PO BOX 351493
PALM COAST, FL 321351493 US

New Principal Place of Business:

7 FLORIDA PARK DRIVE NORTH
PALM COAST, FL 32137 US

Current Mailing Address:

PO BOX 351493
PALM COAST, FL 321351493 US

New Mailing Address:

FEI Number: 59-2646030 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ANNON, FRED JR.
PALM COAST PROPERTY MANAGEMENT
7 FLORIDA PARK DR- STE C
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

ANNON, FRED JR.
7 FLORIDA PARK DRIVE NORTH
SOUTHERN STATES MANAGEMENT GROUP
PALM COAST, FL 32137 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: FRED ANNON, JR.

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALKER, ED
Address: 16 LAKE FOREST N CIR
City-St-Zip: PALM COAST, FL 32137

Title: TD () Delete
Name: BOSCO, BOB
Address: 56 LAKE FOREST PL
City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete
Name: KENNY, EVELYN
Address: 9 LAKE FOREST COURT N
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: SCHEIBEL, JUNE
Address: 12 LAKE FOREST N. CIR
City-St-Zip: PALM COAST, FL 32137

Title: VPD () Delete
Name: ELDRIDGE, PATRICIA
Address: 86 LAKE FOREST PL
City-St-Zip: PALM COAST, FL 32137

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALKER, EDWARD
Address: POST OFFICE BOX 351493
City-St-Zip: PALM COAST, FL 32135

Title: TD (X) Change () Addition
Name: BOSCO, BOB
Address: POST OFFICE BOX 351493
City-St-Zip: PALM COAST, FL 32135

Title: SD (X) Change () Addition
Name: KENNY, EVELYN
Address: POST OFFICE BOX 351493
City-St-Zip: PALM COAST, FL 32135

Title: D (X) Change () Addition
Name: WILLIAMS, WILLIAM
Address: POST OFFICE BOX 351493
City-St-Zip: PALM COAST, FL 32135

Title: VPD (X) Change () Addition
Name: ELDRIDGE, PATRICIA
Address: POST OFFICE BOX 351493
City-St-Zip: PALM COAST, FL 32135

Title: D () Change (X) Addition
Name: LEIZ, ARTHUR
Address: POST OFFICE BOX 351493
City-St-Zip: PALM COAST, FL 32135

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: EDWARD WALKER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date