2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35321

Apr 24, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2 CAMINO DEL MAR

PALM COAST, FL 32137 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 351493 PALM COAST, FL 32135 US

FEI Number: 59-3016585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOUTHERN STATES MANAGEMENT GROUP, INC. 2 CAMINO DEL MAR 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

WALKER, EDWARD Name: Address: POST OFFICE BOX 351493 City-St-Zip: PALM COAST, FL 32135

Title: TD

Name: BOSCO, BOB

Address: POST OFFICE BOX 351493 City-St-Zip: PALM COAST, FL 32135

Title: SD

TAVARES, MARIE Name:

POST OFFICE BOX 351493 Address: City-St-Zip: PALM COAST, FL 32135

Title:

Name: WILLIAMS, WILLIAM POST OFFICE BOX 351493 Address: City-St-Zip: PALM COAST, FL 32135

VPD Title:

Name: ELDRIDGE, PATRICIA POST OFFICE BOX 351493 Address: City-St-Zip: PALM COAST, FL 32135

Title:

LEIZ. ARTHUR Name:

Address: POST OFFICE BOX 351493 PALM COAST, FL 32135 City-St-Zip:

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: EDWARD WALKER PD 04/24/2012