

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35598

FILED  
Mar 01, 2009  
Secretary of State

**Entity Name:** DEEANN LAKEFRONT ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

409 STEPHEN DRIVE  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

DEEANN LAKEFRONT ESTATES  
409 STEPHEN DR.  
LAKE PLACID, FL 338525379 US

**New Mailing Address:**

**FEI Number:** 59-3021017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAPP, KIMBERLY L  
401 DAI HALL BLVD.  
LAKE PLACID, FL 33852 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: ALLGEIER, RICK  
Address: 101 STEPHEN DR.  
City-St-Zip: LAKE PLACID, FL 33852

Title: VPD ( ) Delete  
Name: HULL, SCOTT  
Address: 704 CHELSEE WAY  
City-St-Zip: LAKE PLACID, FL 338525639

Title: S ( ) Delete  
Name: BERUBE, DORIS  
Address: 404 STEPHEN DR.  
City-St-Zip: LAKE PLACID, FL 33852

Title: TD ( ) Delete  
Name: BERUBE, DORIS M  
Address: 404 STEPHEN DR.  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: BRAINERD, HOWARD  
Address: 102 STEPHEN DR.  
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete  
Name: MOHR, RON  
Address: 806 CHELSEE WAY  
City-St-Zip: LAKE PLACID, FL 33852

**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:

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

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: DORIS M. BERUBE

S

03/01/2009

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

\_\_\_\_\_  
Date