

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35804

FILED
Apr 04, 2007
Secretary of State

Entity Name: LAKE SYLVAN COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3048515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 W. SR 434
STE 5000
LONGWOOD, FL 32779 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: HAWKINS, CAMPION
Address: 651 GRAND CYPRESS PT
City-St-Zip: SANFORD, FL 32771

Title: VPD () Delete
Name: GUNTHER, JOHN JR
Address: 7438 APRELLE DR
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: LOISEL, JIM
Address: 620 GRAND CYPRESS PT
City-St-Zip: SANFORD, FL 32771

Title: STD () Delete
Name: PROPST, LISA
Address: 650 GRAND CYPRESS PT
City-St-Zip: SANFORD, FL 32771

Title: D (X) Delete
Name: GRIFFIN, GARY
Address: 639 GRAND CYPRESS PT
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GUNTHER, JOHN
Address: 7438 APRELLE DR
City-St-Zip: SANFORD, FL 32771

Title: VPD (X) Change () Addition
Name: LOISEL, JIM
Address: 620 GRAND CYPRESS PT
City-St-Zip: SANFORD, FL 32771

Title: STD (X) Change () Addition
Name: PROPST, LISA
Address: 650 GRAND CYPRESS PT
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: DUROCHER, JULIE
Address: 618 CALEDONIA PL
City-St-Zip: SANFORD, FL 32771

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 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: JOHN GUNTHER

PD

04/04/2007

Electronic Signature of Signing Officer or Director

Date