

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35804

FILED
Apr 25, 2008
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:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VPD () 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 () Delete
Name: DUROCHER, JULIE
Address: 618 CALEDONIA PL
City-St-Zip: SANFORD, FL 32771

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: KANE, SHAEN
Address: 616 CHARRICE PL
City-St-Zip: SANFORD, FL 32771

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

Title: TSD (X) Change () Addition
Name: AHLBERG, HEIDI
Address: 663 CHARRICE PL
City-St-Zip: SANFORD, FL 32771

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

Title: D () Change (X) Addition
Name: DELGADO, ALEX
Address: 628 CHARRICE PL
City-St-Zip: SANFORD, FL 32771

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: JULIE DUROCHER

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date